50

1 PLACE OF DEATH

Villag	ge or City Apriz Dule (No. Oake	Registration Dist. No. [If death occurrer a hospital or instituting give its NAME instruction of street and number the contraction of street and number the co
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED	16 DATE OF DEATH (Month) (Day) (Ye
	TE OF BIRTH Oct 21, 1913 (Month) (Day) (Year)	that I last saw h alive on 19 and that death occurred on the date stated above, at 13 The CAUSE OF DEATH # was as follows:
par (b) bus whi	CUPATION) Trade, profession, or ilicular kind of work) General nature of iodustry iness, or esfablishmenf in ch employed (or employer) RTHPLACE (State or enuntry)	System Broth (Com senter) System (Durstien) (Durstien) Yes mes.
PARENTS	10 NAME OF FATHER Jewer Comish 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER CURING Carhina	(Signed) (Signed) (Signed) (State the DIREASE CAUSING DEATH, or, in deaths from VIOLEN CAUSES, state (1) Means of Injury; and (2) whether Accidental Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSI
14 TH	13 BIRTHPLACE OF MOTHER (State or country) Cambo of has R.F. SH2 RE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	OR RECENT RESIDENTS) At place In the ef desth yrs. mes. ds. Stats, yrs. mes. Where was disease contracted, if net at place of death? Former or usuel residence
15 File	(Address) leasabilge, his, R., F. & #2 Oct. 21, 1915 - SELISTY	19 PLACE OF BURIAL OR REMOVAL Salary led 20 UNDERTAKER Levi Lev ADDRESS Correlations led

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, write None. state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Screant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housewark, or At Home, and children, not gainfully who receive a definite salary), may be entered as House the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Forenian," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the cian, Compositar, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question especially in industrial employments, it is necessary to engineer, Stationary fireman, ctc. But in many cases, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Coal mine, etc. Statement of Occupation-Precise statement of occupamany occupations a single word or term on the The material worked on may form part Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection, with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"; Lobar pneumonia, Bronchapneumonia of lungs, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations head-homicide; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "PUERPERAL septichaemia," mus," "Old Age," "Shoek," "Urasınia," "Weakness," "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. cough; Chronic valvular heart disease; Chronic interstitial Struck by railway ete., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Anaemia" Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of.... Always qualify all diseases resulting from child-The contributory (secondary or intercur-Poisoned by carbolic acid-probably train-accident; Revolver wound of State cause for which Never report mere



52.0	G INK-THIS IS A PERMANENT
1	4
_	15
	-THIS
)	INK
	UNFADING
	WITH .
	LAINLY,

state Very statement be may certificate. that 80 0 back terms, Instructions plai

SICIANS should OCCUPATION IS PHYSICIANS EXACTLY. should properly supplied. pe DEATH in OF Item Every Item CAUSE OF Important. 1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No....//

Ilf death occurred in a hospital or institution. give its NAME instead

....Ward) of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. DATE OF DEATH MARRIED, WIDOWED. ORDIVORCED (Write the word) (Month) I HEREBY CERTIFY. That I attended deceased from Month) (Day (Year) TAGE It LESS than and that death occurred on the date stated above, a 1 day hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE 191 (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At piace in the OF MOTHER (State or country) of death _____ yrs. mos. ds. State _____ yrs, ____ mos. __ Where was disease contracted. If not at place of death? Former or usuai residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

REGISTRAR

druro 13

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

52



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Nevcr return "Laborer," "Foreman," it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freeman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the (6)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

"Contributory." scopsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., mia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopnoumonia (secondary), 10 ds. Never report gant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclasuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viois less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for



1 PLACE OF DEATH

Dorchester. 17526	CERTIFICATE OF DEATH
County	Registration Dist. No.
Vittage or City Vienna, (No. No. 2 FULL NAME Caymond)	St.; Ward) [If death occurred in a haspital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White the word	16 OATE OF DEATH 0072 - 1915 (Month) (Day) (Year) 17 OF HEREBY DEBTIFY. That Lattended deceased from
ODATE OF BIRTH august 18th 1914	UCI 2 - 1913 OCT 2 - 1915.
7 AGE (Month) (Day) (Year)	that I last saw h
yrs	The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or a reflection of particular kind of work	Diarrhoea & Enteritis.
(h) General nature of industry husiness, or establishment in which employed (or employer) Tinfant	(Duration) O yrs. O mos. 2 ds.
9 BIRTHPLACE (State or country)	Contributory Lack of cleanliness. Always.
10 NAME OF Olle Howard Drusfield	(Signod) Delivard & Layukin , M. O.
State or country) Maryland 12 MAIDEN NAME 12 MAIDEN NAME	*State the Pispanz Causing Death, or, in deaths from Violent Causes, siste (1) Years of Injury; and (2) whether Accidental, Suicidal or Homictoal.
of Mother Durie (U. O)ellers 13 BIRTHPLACE OF MOTHER MANUEL 14	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Father (Infermant) Ollie Howard rindfield.	of deeth
(Address) Vienna Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL VI APPRO MA
10 DCT 2 - 1915 Edward & Law Pur	20 UNDERTAKER ADDRESS
180	Thomas Vincent. Vienna. Md.

STATE OF MADVIAND

NOV 5 1915

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory," (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train—accident; Revolver wound of to determine definitely. Examples: Accidental drouning; suicidal, of homicidal, of as probably such, if impossible state means of inurry and qualify as accidental, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as "PUERPERAL septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uratinia," "Weakness," "Heart failure," "Heart failure," "Harare," "Heart genital," "Senile," etc.), "Tropsy," "Exhaustion," lapse," "Coma," "Convulsions," "Debility" ("Con-"Anaemia" (merely symptomatic), "Atrophy," "Colsymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bron- L. rent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercur- [1] cough; Chronic volvular heart disease; Chronic interstitial "Tumor" for nightnant neoplasme); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonneum, etc., Carcinoma, Sarcoma, etc., of.

If the certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and near be obtained before the certificate is permanently filed.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

write None. 6 yrs.). For persons who have no occupation whatever, business, that fact may be indicated thus: Former (retired state occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers -Cool mine, etc. Women at home, who are engaged in precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Poreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Collon is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomolive engineer, Civil first line will be sufficient, e. g., Former or Planter, Physifor many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-

Statement of Cause of Death—Name, first, the disease to causing and causation), using always the same accepted time and causation), using always the same accepted term for the same disease, Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Typhoid fever (never report "Typhoid pneumonia"); meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Tuberculosis of lungs, meningingia, is indefinite); Tuberculosis of lungs, meningingia, is indefinite); Tuberculosis of lungs, meningingia, is indefinite); Tuberculosis of lungs, meningingia, is indefinite).

υż

PHYSICIANS should of OCCUPATION IS RECORD statement PERMANENT 4 S pino INK-THIS properly supplied. pe UNFADING may that it 80 0 terms, on back 0 PLAINLY, plain Instructions ۳ EATH See OF DE CAUSE OF Important. S

certificate.

ARENTS

15

10 NAME OF FATHER

11 BIRTHPLACE

OF FATHER (State or country)

state Very

3 SEX

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 118

---Ward)

Ilt death occurred in a hospital or Institution, give its NAME Instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE DATE OF DEATH MARPLED. WIDD VED, ORDIVERCED (Write the word), (Month) (Year) (Day I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month (Day (Year) 7 AGE If LESS than on the date stated above, at. t dayhrs. COCCUPATION (a) Trade, profession, or none particular kind of work (b) General nature of Industry. business, or establishment in which employed (or employer) ... 9 BIRTHPLACE (State or country) Contributory Secondary

(Signed)

*State the DISEASE CAUSING DEATE or, in deaths from VIOLENT CAUSES, state (1) MEANS: OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.

(Duration)

#	OR RECENT RESIDENCE (FOR M	OSPITALS, INSTIT	UTIONS, TRANSIENTS
	At place ot death yrs mos ds. Where was disease contracted.	In the State yrs	s, ds

It not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

6..., 191.5. (Address)

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) (Address) ...

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative heaithful-Statement of occupation-Precise statement of ocenpa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death and eausation), using always the same decepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebroepinal meningitis"); Diphtheria (avoid use of "Croup";) sTyphoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State eause for childbirth or misearrlage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatle), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neopiasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association. eanse of death approved by Committee on Nomencia-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. cte, when a definite disease can be ascertained as the "Collapse," "Coma," "Convuisions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcasles "Senile," etc.), "Dropsy," (Recommendations on statement of (disease eausing death), 29 ds.; "Exhaustion," For Vio-



9

PLACE OF DEATH	STATE OF MARYLAND
County Dorchester	CERTIFICATE OF DEATH Registration Dist. No.//6
Village or City Cambreds, No. C. 2 FULL NAME Malle N. C.	St; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While Single, Married, Widowed OR DIVORCED OR DIVORCED	Month) (Day) (Year)
6 DATE OF BIRTH The coulder 1831 (Month) (Day) (Year)	that I last saw h alive on the least age of the last saw h alive on the least saw h alive
83 yrs. // mos lufface ds. If LESS than 1 day. hrs. or min.?	and that death occurred on the date stated above, at San Market CAUSE OF DEATH * was as follows:
(a) Trade, profession, or particular kind of work (b) General nature of lodustry business, or establishment in which employed (or employer)	(Oursilon) yrs. mes. d
10 NAME OF FATHER Jelaware 11 BIRTHPLACE OF FATHER 12 OF MATHER 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 DELLA MADLE 15 MAIDEN NAME OF MOTHER 16 DELLA MADLE 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 11 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 11 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHE	(Signed) (State the DINEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIOENTAL, SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTE
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	OR RECENT RESIDENTS) At place in the af deathyrsmesds. Stele,yrsmesd Where was disease contracted, if not all place of death?
(Address) Cambriage M 15 Filed Oct 26, 1915 ESWEGT	Former or usual realdance 19 PLACE OF BURIAL OR REMOVAL Recas Grove Country Oct 21, 1915 20 UNDERTAKER ADDRESS
REGISTRAR If more blanks are oeeded, address State Registrar, 1	6 W. Saratoga St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locon engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," is very important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part If the occupation has been changed As examples: (a) Spinner, (b) Cotton Locomotive engineer, But in many cases, If retired from without more (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosia of lungs, menin-

suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by earbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. nephritis, etc. cough; Chronic valvular heart discase; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetanus) may be stated Struck "PUERPERAL perilonilis," etc. cause. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. to determine definitely. or miscarriage as "Puerperal septichumia," "Old Age," "Shock," "Uracmia," "Weakness," Always qualify all diseases resulting from childfig railway train-accident; Revolver wound of The contributory (secondary or intercur-Examples: Accidental drowning; State cause for which Never report mere "Exhaustion,"



V. S. No. 1.

N. O.

PLACE OF BEATH	STATE OF MARYLAND		
County Dat Chester	CERTIFICATE OF DEATH		
near (5)	Registration Dist. No. //O		
Village or City Work (No. 2 FULL NAME Harrief and	St; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
SEX COLOR OR RACE SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word).	16 DATE OF DEATH Ocf 2-6, 1915 (Month) (Day) (Year)		
6 DATE OF BIRTH 6 (Month) (Day) , 19/5 (Year)	17 I HEREBY CERTIFY, That I attended deceased from 191, 191, 191, 191		
7 AGE If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at 1.2., m The CAUSE OF DEATH * was as follows:		
OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)	Okur Torauma Orala (Buration) yrs. mos. da Contributory Secondary		
OF FATHER Eurgest Conitory: 10 NAME OF FATHER Eurgest Conitory: 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	(Signed) (Burstiden) yrs. mes. de (Signed) (Signed) (Burstiden) yrs. mes. de (Signed) (Sign		
OF MOTHER Carah four four of the state of MY KNOWLEDGE.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yre		
(Informant) augus Cours ay (Address) Huloch, My 15 Flood Oct 2.6" 1915 Robert & Husting S	Former er usual residence		
REGISTRAR	men a Conceracy E. M. Droshel 16 W. Saratoga St., Balto., Requesting V. S. No. 1.		

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Scrvant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day luborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., of the second statement. Never return "Laborer," mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of werk and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, The material worked on may form part Locomotive engineer, without more (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meningualified, is indefinite); Tuberculosis of lungs, meninger to the disease.

under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deaths birth or miscarriage as "Puenperal septichaemia," mus," "Old Age," "Shock," "Uraemia," "Weakness," symptoms or terminal conditions, such as "Asthenia," cough; Chronic vulvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic acid-probably state means of injury and qualify as accidental, "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," lapse," "Coma," "Convulsions," "Debility" ("Con-"Anaemia" (merely symptomatic), chopneumonia (secondary), 10 ds. Example: Measles (disease eausing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercurcause. Always qualify all diseases resulting from childby railway train-accident; Resolver State cause for which Never report mere "Atrophy," mound

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

NOV 4 1915
BUREAU, V.S.

BINDING FOR RESERVED MARGIN

V. S. No. 1.

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state. DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. RECORD PERMANENT UNFADING INK-THIS IS PLAINLY, WITH -Every item of information should be CAUSE OF DEATH in piain terms, se Important. N.B.

1 PLACE OF DEATH

17530

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Tif death occurred la a hospital or Institution, give its NAME instead of street and number.]

FULL NAME

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX Whellimin Culity A COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw h to
TAGE Por deal If LESS than 1 day,hrs. ORmin.?	The CAUSE OF DEATH* was so follows:
(a) Trada, profession, or particular kind of work	Cintigl.
(b) General nature of Industry, business, or establishment in which employed (or employer)	— (Duratioo)mosds.
*BIRTHPLACE (State or country) Cauladyn Ind.	Secondary
10 NAME OF FATHER COUN	(Signed) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from Violent
MY OF MOTHER ALL COLLIN	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State or country)	At place in the of death yrs, mos ds. State yrs, mos ds
(Informant) Hiele Corn	Where was disease contracted, If not at place of death? Former or osual residence.
(Address) Jesulan mid	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Candral for had Hospital Clot. 13 1015
Filed Dex. 14 , 191) SSUMPAREGISTRAR	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first live will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each aud every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and eonsequences (e. g., such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State eause for childbirth or miscarriage as "Puerperal scptichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is icss definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of (name origin; "Cansepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite discase can be ascertained as the affection need not be stated unless important. ture of the American Mcdical Association.) cause of death approved by Committee on Nomencla-"Contributory." which surgical operation was undertaken. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease eausing "Senile," etc.), "Dropsy," (Recommendations on statement of death), 29 ds.; "Exhaustion," For vio-



1 PLACE OF DEATH

1 PLACE OF DEATH	17531	STATE OF MA	ARYLAND
County Horkhesta	(19)	CERTIFICATE (Registration D	OF DEATH
Village or City Cambridge 2 FULL NAME Ca	rloine les	St.; Ward)	[If death occurred a hospital or instituting ive its WAME institution of street and numbers
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
Germale White	NGLE, ARRIED, PINGLE, DOWED ROLL (16 DAT Tile the word)	e of DEATH Old (Month)	
6 DATE OF BIRTH April (Month)	10 ,1847 that I	pt. 28, 191 V, to 0	ttended deceased f
TAGE 6 8 yrs 5 mes.	1 day, hrs. OR min.?	AUSE OF DEATH * was as follo	tated above, at
(a) Trade, profession, or particular kind of work	Work to		
(b) General nature of Industry	000-000-000-000-000-00-00-00-00-00-00-0		***************************************
(b) General nature of industry business, or establishment in which employed (or employer)		(Buration)	yrs. mos.
(b) General nature of industry business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Cog	ntributory Bellow decondary (Burstian)	Luces of e
(b) General nature of industry business, or establishment in which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER Much	Cogney (Signed)	ntributory hebrand (Durston).	7
(b) General nature of industry business, or establishment in which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER Much	Copy (Signed)	(Burston) (Burston) (Burston) (Address) (Address)	yrs. mos.
(b) General nature of industry business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE	Coffy (Signod)	*State the DISEASE CAUSINO DRATH, OUSTS, state (1) MRANS OF INJUNY; and CIOAL OF HOMICIDAL. GTH OF RESIDENCE (FOR HOSPITALE RECENT RESIDENTS) In the	r, in deaths from Violen (2) whether Accidents, INSTITUTIONS, TRANSI
(b) General nature of industry business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 4 OF MOTHER	CA SUI 18 LEN ON I At plac of deat with fact of the sufficient of	*State the DISEASE CAUSINO DEATH, OURSES, state (1) MEANS OF INJURY; and CIOAL OF HOMICIDAL. GTH OF RESIDENCE (FOR HOSPITALE RECENT RESIDENTS) In the State disease contracted, to place of death?	r, in deaths from Violen (2) whether ACCIDENTA , INSTITUTIONS, TRANSI
(b) General nature of industry business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF	Coffee (Signed) Coffee	*State the DISEASE CAUSINO DEATH, OUTERS, STATE (1) MEANS OF INJURY; and CIOAL OF HOMICIDAL. GTH OF RESIDENCE (FOR HOSPITALE RECENT RESIDENTS) In the case of death?	r, in deaths from VIOLEN (2) whether ACCIDENTAL , INSTITUTIONS, TRANSI

BITTE ATTUS

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train—accident; Revolver wound of to determine definitely. Examples: Accidental drouning; SUICIDAL, OF HOMICIDAL, OF AS probably such, if impossible state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths "PURRPERAL peritonilis," etc. State cause for which birth or miscarriage as "Puerferal septichdemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "H emorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Lropsy," "Exhaustion," lapse," "Coma," "Convulsions," "Debility" ("Con-"Anaemia" (merely symptomatic), "Atrophy," "Colsymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measies (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. The contributory (secondary or intercuit cough; Chronic valvular heart disease; Chronic intersiftial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonceum, etc., Carcinoma, Sarcoma, etc., of.

If the certificate is looked over thoroughly and all questions unswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

write None. 6 yrs.). For persons who have no occupation whatever, business, that fact may be indicated thus: Former (retired state occupation at beginning of illness. If retired from or given up on account of the pisease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servanl, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers -Coal mine, etc. Women at home, who are engaged in precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Poreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, eian, Compositor, Architect, Locomotive engineer, Civil first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation—Precise statement of occupa-

Statement of Cause of Death—Name, first, the diseases causation), using always the same accepted time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal gener (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Typhoid pneumonia"); Indexingulated, is indefinite); Tuberculosis of lungs, meningingia, is indefinite); Tuberculosis of lungs, meningined, is indefinite); Tuberculosis of lungs, meningingian

53 34 K 5 2

Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate. V. S. No. 1. Z.

1 PLACE OF DEATH

Dorchestin Co

17532

STATE OF MARYLAND CERTIFICATE OF DEATH

Village or City Cambridge (No.	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead
2 FULL NAME Millon Cox	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED OR DIVORCED (Write the word)	18 DATE OF DEATH Out 16 ,1915 (Month) (Day) (Year)
6 DATE OF BIRTH 1011 26 1915	Oct 6 1915, to Oct 16 1915,
7 AGE (Month) (Day) (Year) 1 If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at 4. m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in	Centr Enter Colita
which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF 1	Contributory Charmia Secondary (Burstlen) yrs. mos. ds.
11 BIRTHPLACE OF FATHER OF FATHER (State or country) OVER 11 OF COUNTRY OF FATHER OF	(Signed)
13 BIRTHPLACE OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At pisce In the of desthyrsmesds. Stats,yrsmosds.
(Informant) True TO THE BEST OF MY KNOWLEGGE (Informant)	Where was disease contracted, If not at place of death? Former or usual residance
(Address) Cambular Mid. Filed Oct 17, 191 5 EEW LY	DATE OF BURIAL OR REMOVAL DATE OF BURIAL OCT 18 19 PLACE OF BURIAL OCT 18 1915 20 UNDERTAKER ADDRESS
If more blanks are needed, address State Registrar, 1	6 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. or given up on account of the disease causing death, the duties of the household only (not paid Housekeepers only when needed. As examples: (o) Spinner, (b) Cotton write None. business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day loborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stotionary freman, etc. But in many cases, first line will be sufficient, e. g., Former or Planter, Physi-For many occupations a single word or term on the applies to each and every person, prespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Locomotive engineer, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal medingitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") nenumonialified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Annemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," cough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sorcomo, etc., of (name origin; "Cancer" is less definite; avoid use of on Nomenelature of the American Medical Association.) and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by railway train—accident; Revolver wound "PUERPERAL peritonitis," etc. "Heart failure," "Haemorrhage," "Inanition," "Maraschopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping MEANS OF INJURY and qualify as ACCIDENTAL, or miscarriage as "Puerpenal septichaemio," Always qualify all diseases resulting from child-"Senile," etc.), "Dropsy," The contributory (secondary or intercur-State cause for which Never report mere "Exhaustion,"



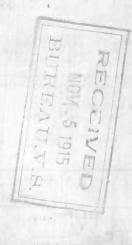
	PLACE OF DEATH 17533	STATE OF MARYLAND
Count	ty Doreth Later	CERTIFICATE OF DEATH Registration Dist. No. 122
Villag	ge or City Secure (No	Fif death occurred in
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDGWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year
6 DAT	TE OF BIRTH	HEREBY CERTIFY, That I attended deceased fro
7 AGE	(Month) (Day) , 19/3 (Year) E If LESS than 1 day,hrs. ORmin. ?	that I last saw have alive on
6 11 4 1) Trade, profession or	Jaco- Caracas
(b) bus whice	CCUPATION) Trade, profession, or) Trade, profession, or ticular kind of work) General nature of industry siness, or establishment in ich employed (or employer) RTHPLACE (State or country)	(Ourstion) — yre. — mos. 6 Contributory Secondary
(b) bus whin 9 BII	General nature of industry siness, or establishment in ich employed (or employer) THE PLACE (State or country) NAME OF FATHER TO NAME OF FATHER TO STATE OF STATE	Contributory Secondary (Duration) yrs mos. (Signed) C.J. G.J. M. M.
ypari (b) bus white	General nature of Industry siness, or establishment in ich employed (or employer) RTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE	Contributory Secondary (Signed) (Signed) (Signed) (State the DISPASE CAUSINO DEATH, OF, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OF RECENT RESIDENTS) At place of death yrs. mos. ds. State, yrs. moe.
PARENTS White	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER 14 BIRTHPLACE OF MOTHER OF MOTHER 15 BIRTHPLACE OF MOTHER 16 BIRTHPLACE OF MOTHER 17 BIRTHPLACE OF MOTHER 18 BIRTHPLACE OF MOTHER 19 BIRTHPLACE OF MOTHER 10 BIRTHPLACE OF MOTHER 11 BIRTHPLACE	Contributory Secondary (Buration) (Signed) (Signed) (Signed) (State the DISFARE CAUSINO DEATH, or, in deaths from Violent Causes, state (I) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS) At place of death yrs. mos. ds. State, yrs. moe. Where was disease contracted, The hot at piace of death? Former or usual residence
PARENTS White	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE MOTHER (State or country)	Contributory Secondary (Duration) (Signed) (Signed) (Signed) (State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (I) MENNS OF INJURY; and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS) At place of death yrs. (Menns of Hospitals, Institutions, Transien of death yrs. (Menns of death) (Menns of Injury; and (2) whether Accidental, Suicidal or Homicidal (For Hospitals, Institutions, Transien or Hospitals, Institutions, Institut

[Approved by U. S. Cansus and American Public Health Association.]

write None. business, that fact may be indicated thus: Former (retired state occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook employed, as At school or At home. Care should be taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fremais, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-Compositor, Architect, Locomotive For persons who have no occupation whatever engineer, (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronelapneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned Struck by railway train-accident; Revolver, wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injury and qualify as accidental, to determine definitely. Examples: Aecidental drowning; surgical operation was undertaken. For violent deaths "Puerperal peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness, birth or miscarriage as "Puenperal septichamia," "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," "Anaemia" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease eausing death), 29 de.; Brown rent) affection need not be stated unless important nephrilis, ctc. eough; Chronic volvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Meastes; Whooping (name origin; "Caneer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of ... Always qualify all diseases resulting from child-"Conta," (merely symptomatic), The contributory (secondary or intercur-"Convulsions," etc.), by carbolic acid-probably "Dropsy," State cause for which "Debility" ("Con-"Atrophy," "Exhaustion,"



D	SECOF	EXAC sified.
	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECOF	N. B.—Every item of information should be carefully supplied. AGE should be stated EXAC should state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION Is very important. See instructions on back of certificate.
	H UNFADING INK-T	be carefully supplied n plain terms, so tha See instructions on
	WRITE PLAINLY, WITH	Every item of information should be carefully supplied. AGE should be sta should state CAUSE OF DEATH in plain terms, so that it may be properly OCCUPATION Is very important. See instructions on back of certificate.
V. S. No. 1.		N. B.—Every item should stat OCCUPATI

	PLACE OF DEATH	STATE OF MARYLAND
Cou	DIL 6 - Oli 1 - 1 or	CERTIFICATE OF DEATH
		Registration Dist. No. 112
Villa	age or City Ulmana (No. clock	St.; Ward) [If death occurred in
1		a hospital or institution, give its NAME instead
	2 FULL NAME / wshing long	(Cultury of street and number.)
		1
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	Color OR RACE SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH OCT (Month) (Day) (Year)
6 -		HEREBY CERTIFY, That I attended deceased from
0 0/	ATE OF BIRTH M / 9 h	1910 to Siff 30 9, 1910,
	March & 2 , 1850 (Month) (Day) , 1850	that I last saw hand alive on Self 30 - , 1915,
7 AC		and that death occurred on the date stated above, at
	1 day, hrs.	The CAUSE OF DEATH * was as follows:
-	o yrs. mos. d o ds. or min.?	
8 0	a) Trade, profession, or Luxan la large	
A A ba	ITTICUIAL KING OF WORK	Mule In dissisting
A pu	b) General nature of Industry Islness, or establishment in	(Qurstion) Vyrs. O mos. 4 ds.
11	hich employed (or employer)	
9 B	(State or country) A Porchee ler Con Med	Secondary (Quration) vre. (mos. ds.
	10 NAME OF John Multon	(Signed) J. C. J. L. J. J. L. L. M. O.
TS	11 BIRTHPLACE . M. C	(lef If , 191 5 (Address) / Curren Md
ENTS	(State or country)	*State the Disease Causing Drath, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
PAR	12 MAIDEN NAME OF MOTHER	
0	Dylvia	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country)	At place In the of deeth yre. mos. ds. State, yre. mos. ds.
14 -	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where wes diecese contracted,
	1) 1 1 11 10 00.	It not et place of death?
	(Informant) Pott of July (Friend	usosi residenca
	(Address) Viennia Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	(AUUI 635)	Vienia blist Md Oct 5, 1915
1	OCT 4 - 1915 Edward & Lanke	20 UNDERTAKER ADDRESS
"	Logal Redistran	Willow hoy + Son Sturl och ha
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Palto., Requesting V. S. No. 1.

[Approved by U. 8. Census and American Public Health Association.]

state occupation at beginning of illness. or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully --Coal nitue, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers write None business, that fact may be indicated thus: Former (relired who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Loborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foremon, only when needed. As examples: (a) Spinner, (b) Cotton applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stotionary fireman, etc. But in many cases, first line will be sufficient, e. g., Former or Planter, Physi-For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, If retired from (b) Anto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia."); Lobar pneumonia. Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubereulosis of lungs, menin-

mus, on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetonus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, birth or miscurriage as "Puenperal septichaemia," etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Heemorrhage," "Inanition," "Maraslapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. cough; Chronic valvular heart disease; Chronic interstitiul head-homicide; Poisoned by corbolic acid-probably surgical operation was undertaken. For violent neaths "PUERPERAL peritonitis," etc. "Anaemia" (merely symptomatic), "Atrophy," "Colrent) affection need not be stated unless important. nephrilis, etc. Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping " "Old Age," "Shock," by railway Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull The contributory (secondary or intercurtrain-accident; Revolver "Uracmia," "Weakness," State cause for which Never report mere wound



Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

ż

Village or City hill haint (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 7/6 // St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIOOWED OR DIVORCED OR DIVORCED (Write the word) MALLIE	16 DATE OF DEATH Of 1915 (Month) (Day) (Year)
6 DATE OF BIRTH 10 ONNA Sonow 1857	that I last saw her alive on Cel J. 1915.
7 AGE (Month) (Day) (Year) If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at 22 m. The CAUSE OF DEATH & was as follows:
(a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)	(Qurallon) yrs mos ds.
9 BIRTHPLACE (State or country) hill from the	Secondary (Durallon) / yrs. mes. ds.
OF FATHER Challel Mling 11 BIRTHPLACE OF FATHER (State or country)- 12 MAIDEN NAME OF MOTHER MINITAL MANA OF MOTHER MINITAL MANA MAN	(Signsd) (Signsd) (Address Of Aug. 191. (Address Of Aug. 2) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) And Americant Val 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	OR RECENT RESIDENTS) All place to the of death
(Address) fill paint ved	Former or usuel residence 19 PLACE OF BURIAL OR REMOVAL Carberdge not of 5, 191.5 20 UNDERTAKER ADDRESS
Flied Figistrar	Lew 8H Barnen Ranbuidge

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. or given up on account of the disease causing death, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. write None. business, that fact may be indicated thus: Farmer (retired Housemaid, etc. engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulbusiness or industry, and therefore an additional line For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. Never return Compositor, For persons who have no occupation whatever, The material worked on may form part If the occupation has been changed Architect, Locomotive engineer, But in many cases, If retired from The question "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronehopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," on statement of cause of death approved by Committee SUICIDAL, OF HOMICIDAL, or as probably such, if impossible "Anaemia" (merely symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility" on Nomenclature of the American Medical Association.) under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated hcod-homicide; Poisoned by carbolic acid-probably Struck by railway state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "Puerperal peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childmus," "Old Age," "Shoek," "Uracmia," "Weakness," symptoms or terminal conditions, such as "Asthenia," ehopneumonia (secondary), 10 ds. rent) affection need not be stated unless inportant. nephruis, ctc. ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of... to determine definitely, Examples: Accidental drowning; etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-Example: Measles (disease causing death), 29 ds.; Broncough; Chronic "Tumor" for malignant neoplasms); Measles, Whooping (name origin; "Cancer" is less definite; avoid use of The nature of the injury, as fracture of skull, "Senile," etc.), "Dropsy," The contributory (secondary or intercurvalvular heart disease; Chronic interstitial troin-accident; Revolver Never "Atrophy," (Recommendations "Exhaustion," report mere wound of ("Con-



S. No.

of OCCUPATION IS PHYSICIANS should RECORD Exact statement PERMANENT EXACTLY. stated classified. pinous THIS properly AGE INK supplied. UNFADING certificate. that It 80 ō WITH of information should be DEATH in plain terms. PLAINLY. WRITE Item E OF Every Item CAUSE OF Important.

TAGE

PARENTS

15

BOCCUPATION (a) Trade, profession, or

particular kind of work.

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

(Address).

(b) General nature of industry, business, or establishment in

which employed (or employer) -----

Very state

1 PLACE OF DEATH Dorchester PERSONAL AND STATISTICAL PARTICULARS 3 SEX S SINGLE. 4 COLOR OR RACE WIDOWED, Rem (Write the word) 6 DATE OF BIRTH (Month)

17536

(Day



(Year)

If LESS than

D day hrs

OR.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 67/10

risby	St.;Ward	[if death occurred in a hospital or institution, give its NAME instead of street and number.]
MEDICA	AL CERTIFICATE C	OF DEATH
16 DATE OF DEATH		enterours, 1913
17 I HERE	(Month) BY CERTIFY, That Yes to att	(Day (Year) I attended deceased from
		, 191
and that death occurre	d on the date state	d above, atm
The CAUSE OF DEATH		
	rower	
Auch	muters	

-1000 000 000 000 000 000 000 000 000 00	(Duration)	yrsmosds
	/	I.V. I. Samuel H.
	(Duration)	yrsds
(Signed) When	Nutta	Jevary, H. O
		motor
*State the DISEASE CAUSES, state (1) M TAL, SUICIDAL, or HO	CAUSING DEATH, OF EARS OF INJURY; a MICIDAL.	r, in deaths from VioLent nd (2) whether Acciden-
18 LENGTH OF RESIDE	NCE FOR HOSPITALS	, INSTITUTIONS, TRANSIENTS
At place	in the	
Where was disease contracte if not at piace of death?	d,	yrs mos ds
Former or usual residence		
19 PLACE OF BURIAL	/	DATE OF BURIAL
Johns Ohn	rch	OCT 27 , 1913
20 UNDERTAKER		ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

Oness of various pursuits can be known. The question Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necdutles of the household only (not pald Housekeepers it should be used only when needed. As examples: additional line is provided for the latter statement; For many occupations a single word or term on the tion is very important, so that the relative healthfulgalnfully employed, as At school or At home. who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Civil engineer, Stationary freman, etc. But ln many first line will be sufficient, e. g., Farmer or Planter, cated thus: should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not mine, etc. Grocery; (a) Foreman, (b) Automobile factory. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as "Manager," "Dealer," etc., without more precise speci-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, hant neoplasms); Measles; Whooping cough; Chronic scpsis, tetanus) may be stated under the head mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmla," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debllity" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclalnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Contributory." dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (discase causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustlon," Never report

1 PLACE OF DEATH

ement	County Harchester	CERTIFICATE OF DEATH Registration Dist. No.
Exact stat	Village or City Carbulge (No. 105,	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
fied.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ly classifte.	male colored of Single, MARRIED, WIDOWED OR DIVORCED (Write the word)	18 DATE OF DEATH Of Month) (Day), 191
y be proper of certificat	OATE OF BIRTH (Month) (Day) (Year) 7 AGE	that I last saw here alive on the date stated above, at the stated above
that it ma	B OCCUPATION (a) Trade, profession, or particular kind of work	The CAUSE OF DEATH * was as follows:
aln terms, se instruction	(b) General nature of industry business, or establishment in which employed (or employer) **BIRTHPLACE** (State or country) **The country of the country o	Contributory Secondary
DEATH In pis	10 NAME OF FATHER Lewis Henry 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Dispease Causino Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
CAUSE OF N is very in	of Mother Margaret Griffer 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place of death
should state	(Interment) Transport Diffin (Address) 105 Pine Sty Chambridge Ma	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Cambulage Ind. Nov. 1, 1915
ű Ö	Filed W. 1 1913 REGISTRAR If more blanks are needed, address State Registrar.	20 UNDERTAKER ADDRESS Lenner St. Clair City 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
		V

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

employed, as At school or At home. Care should be —Coal mins, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the Statement of Occupation-Precise statement of oecupais very important, so that the relative healthful-Compositor, Architect, For persons who have no occupation whatever, The material werked on may form part Locomolive engineer, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar primannia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maraslapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... to determine definitely. Examples: Accidental drowning; "PUERPERAL peritonitis," etc. ctc., when a definite discuse can be ascertained as the "Anaemia" (merely symptomatic), chopneumonia (secondary), 10 ds. Example: Measles (discase causing death), 29 ds.; Bronrent) affection need not be stated unless important. (name origin; "Cancer" is less definite; avoid use of or miscarriage as "Pubrperal septichuemia," by railway train-accident; Revolver The nature of the injury, as fracture of skull, The contributory (secondary or intercur-State cause for which Never report mere (Recommendations "Atrophy," nound

If the certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

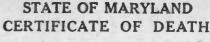
NOV 8 1915 BUREAU, V.S.

ž	
SIDNIS	
z	
- m	
ш	
œ	
FOR	
Ŀ	
_	
U	
/ E	
C	
RESERVED	
0	
E	
_	
Z	
<u>_</u>	
MARGIN	
4	
5	
_	

V. S. No. 1.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS N.B.

PLACE OF DEATH 17538



Registration Dist. No. 110

-Ward)

[If death occurred in a hospital or lostitution,

	*FULL NAME Emeline H	give its NAME Instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	ex Color or RACE Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	DATE OF DEATH (Month) (Day (Year)
6 D	GE (Month) (Day (Year) (Stear) (1) (1) (1) (1) (1) (1) (1) (that I last saw half allive on the date stated above, at
(a pa	yrs mos ds. OR min. ? CCUPATION) Trade, protession, or riticular kind of work) Beneral nature of indostry, siness, or establishment in lich employed (or employer)	Duration) Lyrs mos. ds.
- B	(State or country) 10 NAME OF ()	Secondary (Dogation) yrs
ARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME ()	(Signed) (Address) Beller alaberg *State the DISEASE CAUSING DEATH, or, in deaths from Volent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
Δ.	13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos. ds. State yrs, mos. ds
	(Informant) WYS Watter Starten,	Where was disease contracted, If not at place of death? Former or usual residence
15 Fil	(Address) Wak- move Week, Kilid 181 Oct 29", 1915-Robert L Hastings REGISTRAN	Date of Burial of REMOVAL DATE OF BURIAL COLOR SUNGLINE DE L. 31", 1915 20 UNDERTAKER Transform Son, Schemberne,
	If more blanks are needed, address State Regist	trax, & E. Franklin St., Pulto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the

Statement of cause of death—Name, first, the disease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., LENT DEATHS State MEANS OF ENJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For viochildbirth or miscarriage as "Puenperal septichaectc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

NOV 4 1915 BURTAU, V.S.

V. S. No. 1.

Z

Village or City Carely 17539 2 FULL NAME Infant Henry	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. //6 St.; Ward) [If death eccurred in a hespital er institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mol Color or race 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Wrise the word)	16 DATE OF DEATH Cot 9 , 1915 (Month) (Day) (Year)
S DATE OF BIRTH Seft 9, 1 915 (Month) (Day) , 1 (Year)	that I last saw how allye on Oct 8 1915
FAGE If LESS than 1 day, hrs. OR min.? B OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of lodustry business, or establishment in which emplayed (or employer).	and that death occurred on the date stated above, at 12 km. The CAUSE OF DEATH is was as follows: The CAUSE OF DEATH is was as follows: The Chief On the Chief (Bursijen) yrs mos de. Contributory Secondary
10 NAME OF FATHER JOSEPH TRUTH G. MA 10 NAME OF FATHER JOSEPH TRUTH 11 BIRTHPLACE OF FATHER (State or country) & Mustus Gr. MA 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER (State or country)	(Signed)
(Informant) Lawy Hay Hay (Address) Lays Multy (Address) Lays Multy (Address) Lays Multy (Address) (Address) REGISTAR	Where was dissase contracted, If not at piace of dooth? Former or 19 PLACE OF BURIAL OR REMOVAL Led Fired Ind 20 UNDERTAKER Jasur Henry ADDRESS R. F. D. H. S.
If more blanks are needed, address State Registrar, 1	5 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill: (a) Salesman, (b) (rocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the nisease causing neath, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None.

Statement of Course of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles: Whooping cough: Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy,"- "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senilc," etc.), "Dropsy," "Exhaustion," "Heart failure," "H cmorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or misearriage as "PUERPERAL septichaemia," "PUERPERAL peritonitis," etc. State eause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

BINDING

FOR

RESERVED

village or City Countridge (No. 120) 2 FULL NAME 17540 Village or City Countridge (No. 120)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. //6 St.; # Ward) [If death occorred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED OR DIVORCED (Write the word) 6 DATE OF BIRTH Och 18 40 (Month) (Day) (Year)	16 DATE OF DEATH Och , 191 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from Och 5 11, 191 that I last saw h alive on Och 6 11, 191
7 AGE If LESS than 1 day, hrs. or mes. 9 ds. or min.?	Bnd that death occurred on the date stated above, at \$45 ac. The CAUSE OF DEATH * was as follows:
(b) General nature of ladustry business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Manyland	Contributory Secondary (Burstler) Tree de
10 NAME OF FATHER Carroll 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER	(Signed)
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST DE MY KNOWLEDGE (Informant) (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, DR RECENT RESIDENTS) At place In the ef death
(Address) Cambridge Mid 15 Filed Oct. 8, 1915 Selvely Registran If more blanks are needed, address State Registran, 1	19 PLACE OF BURIAL OR REMOVAL Date OF BURIAL Date OF BURIAL Date OF BURIAL Och 9 1915 20 UNDERTAKER Vr. Ms. Willis Moro Cambridge and

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers write Nonc. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be precise specification as Day laborer, Farm laborer, Laborer of the second statement. mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton "Foreman," "Manager," "Dealer," etc., without more know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cngineer, business or industry, and therefore an additional line first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, ctc. Statement of Occupation-Precise statement of occupa-Compositor, Architect, Stationary fireman, etc. Women at home, who are engaged in Never return "Laborer," Locomotive engineer, But in many cases, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meningualified, is indefinite); Tuberculosis of lungs, meningualified, is indefinite);

"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conon statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, mus," "Old Age," "Shock," "Uraemia," "Weakness," on Nomenclature of the American Medical Association.) surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitiol "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of or miscarriage as "Puenpenal scplichaemia," by railway train-accident; Revolver State cause for which (Recommendations "Exhaustion," nonuq



PLACE OF DEATH	STATE OF MARYLAND
County Dorcheshe	CERTIFICATE OF DEATH Registration Dist. No.
Village or City Cambridge (No & SS. 3) 2 FULL NAME Svauling (10)	St; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Femala 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) , 1915
6 DATE OF BIRTH	that I last saw h alive on Och 1 1915,
7 AGE (Month) (Day) (Year) 7 AGE It LESS than 1 day, krs. OR	and that death occurred on the date stated above, at the cause of DEATH * was as follows:
(a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in	Cloritie Chewson
which employed (or employer) 9 BIRTHPLACE (State or country)	Contributory Secondary (Question) yrs, mos. ds.
10 NAME OF FATHER 11 BIRTHPLACE	(Signed) CI, Noland M. O. Cef // 1915 (Address) Cambridge Med
Z OF FATHER (State or country) W MAIDEN NAME OF MOTHER	*State the DISPASE CAUSING DRATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJUST; and (2) whether Accidental, SUICIDAL OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place of death yrs. Somes. ds. Where was disasse contracted,
(Informant) Record & S Dorbital	Former or usual residence Chary Hee Ory terrer
(Address) Cambrian Md	aller of Burial OR REMOVAL DATE OF BURIAL Col. 14, 1915
Filed Oct 13, 1915 TWOLF REGISTNAR	22 UNDERTAGRAN & GOBESS POR City
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers engaged in domestie service for wages, as Servant, Cook, employed, as At school or precise specification as Duy laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. mill; (a) Salesman, (b) Crocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton know (a) the kind of work and also (b) the nature of the is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many eases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, Architect, The material worked on may form part At home. Care should be Locomotive engineer, (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Pronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of eause of death approved by Committee and eonsequences (e. g., sepsis, tolunus) may be stated suicide. The nature of the injury, as fracture of skull state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or nomicidal, or as probably such, if impossible mus," "Old Age," "Shock," "Uracınia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conon Nomenelature of the American Medical Association.) under the head of "Contributory." head-homicide; Poisoned by curbolic acid-probably to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. birth or miscarriage as "Puerperal septichaemia," cause. Always qualify all diseases resulting from ehildetc., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of by railway train-accident; Revolver The contributory (secondary or intercur-State cause for which Never report mere (Recommendations nound



V. S. No. 1.

N. B.-

	PERSONAL AND STATISTICAL PARTICULARS			
se:	A COLOR OR RACE 5 SINGLE, Single. White. White Widoweo OR Divorceo (Write the word)			
DA	AUG 5 - 1915 , 7 (Year)			
AG				
	ch employed (or employer) RTHPLACE (State or country) Maryland. 10 NAME OF FATHER			
	Sylvester Dail Howeth.			
NTS	11 BIRTHPLACE OF FATHER (State or country) 11 BIRTHPLACE			
PARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Linnie Matilda Engli			
PARENT	OF FATHER (State or country) Naryland 12 MAIDEN NAME OF MOTHER			

17542

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 112.

St.:....Ward)

[if death occurred in a hospital or institution, give its NAME instead of street and number.]

MEDICAL CERTIFIC	ATE OF	DEATH	
16 DATE OF DEATH	141	915	191
(1)	(Ionth)	(Day)	(Year)
SEP 2 5 1915191, to	00	nded deceas	ed from
that I last saw help alive on)(-	2 1915	, 191
and that death occurred on the d	ate stat	ted above, at	m.
The CAUSE OF DEATH * was as	follows		
Diarrhoea &	Ente	eritis	
(Under 2 Ye	ars)	
(Ou	erstion) .Q.	yrs. J. mos	4 ds.
Contributory			•••••••••
(Signed) Autoral C. (Address) *State the DIBEASE CAUSING DE CAUSES, state (1) MEANS OF INJURY	ATH, or, in	n deaths from V	, M. 0.
SUICIOAL OF MONICIDAL. 18 LENGTH OF RESIDENCE (FOR HOS OR RECENT RESIDENTS)			
At atscs	In the		
of desthyrsmesds. Where was disease contracted, if not of place of daath?	Stats, .	yrs	s ds,
Formsr or usual residence		*************************	******************
Reid's Grove Md.	b	CT 14	1915
20 UNGERTAKER		AODRESS	17.19
Willoughby & Son	I	Jurlock.	Md.
6 W Seretoge St Betto Requesting V.	B. No. 1.		

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever write None.

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, peritonaeum, ctc., Carcinoma, Sarcoma, etc., of..... (name origin: "Cancer" is less definite: avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "H emorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," etc., when a definite discase can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septichaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state MEANS OF INJURY and qualify as ACCIDENTAL, STICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: Struck by railway train-accident; Revolver wound of Mond-homicide: Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated un't the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

19

BINDING

FOR

1 PLACE OF DEATH

TAGE If LESS than 1 day, hrs. OR mila.? The CAUSE OF DEATH * was as follows: OCCUPATION	Villa	go or City Cambridge (No. 4, 2) 2 FULL NAME albert John	St.; Ward) [If death eccurate in the street is street and number of street and number is street.
MARRIED WID WID WID WID WID WID WID WID WID WI		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
TAGE ILESS than 1 day, hrs. 10 day 10 day, hrs. 10 day 10 day, hrs.		MARRIED.	(Month) (Day)
OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of iodustry business, or establishment in which employed (or employer) BIRTHPLACE OF FATHER (State or country) 11 BIRTHPLACE OF MOTHER OF MOTHER OF MOTHER 13 BIRTHPLACE OF MOTHER OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE THE CAUSE OF DEATH * was as follows: Contributory Contributory Contributory Contributory Contributory Contributory Secondary (Signed) Contributory Secondary Secondary Secondary Secondary Signed) Contributory Secondary Secondary Secondary Secondary Signed) Contributory Secondary Secondary Secondary Secondary Signed) Contributory Secondary Secondary Secondary Secondary Secondary Signed Contributory Secondary Se	6 DA	TE OF BIRTH abril 18 1915	n Oct 11, 1915, to
(a) Trade, profession, or particular kind of work (b) General nature of lodustry business, or establishment in which employed (or employer) Parthelace (State or country) 10 NAME OF FATHER OF FATHER OF FATHER OF MOTHER OF MOTHER 13 BIRTHPLACE OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 15 LENGTH OF RESIDENCE OF MOTHER	7 AG	1 day,hrs.	The CAUSE OF DEATH * was as follows:
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 10 NAME OF FATHER (State or country) (Signed) (Signed) (Signed) (Signed) (Signed) (State the DIMPARK CAUNING DEATH, or, in deaths from Vicauses, state (1) Means of Injury; and (2) whether Accide Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TR. OR RECENT RESIDENTS) At place of death yrs. mes. ds. Stale, yrs. mos. Where was disease contracted, if not at place of death? Former or usual residence	£ (2) Trade, protession, or	antero - Colulia.
CAUSES, State (1) Means of Injury; and (2) whether Accide Suicidal or Homicidal. 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 15 MAIDEN NAME SUICIDAL OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TROUBLE OF MOTHER SUICIDAL OF HOMICIDAL. 17 MAIDEN NAME SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TROUBLE OF MOTHER SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TROUBLE OF MOTHER SUICIDAL OF HOMICIDAL. 19 MAIDEN NAME SUICIDAL OF HOMICIDAL. 10 PROPERTY RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TROUBLE OF MOTHER SUICIDAL OF HOMICIDAL. 10 PROPERTY RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TROUBLE OF MOTHER SUICIDAL OF HOMICIDAL. 10 PROPERTY RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TROUBLE OF MOTHER SUICIDAL OF HOMICIDAL. 10 PROPERTY RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TROUBLE OF MOTHER SUICIDAL OF HOMICIDAL. 10 PROPERTY RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TROUBLE OF MOTHER SUICIDAL OF HOMICIDAL. 10 PROPERTY RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TROUBLE OF MOTHER SUICIDAL OF HOMICIDAL. 10 PROPERTY RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TROUBLE OF MOTHER SUICIDAL OF HOMICIDAL. 10 PROPERTY RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TROUBLE OF MOTHER SUICIDAL OF HOMICIDAL OF MOTHER SUICIDAL OF HOMICIDAL OF MOTHER SUICIDAL OF HOMICIDAL OF H	par (b bus whi) Trade, protession, or rilcular kind of work) General nature of lodustry siness, or establishment in ich employed (or employer)	Contributory Curl Deflentes
OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (In	par (b bus whi	11 BIRTHPLACE OF FATHER Of rotession, or ricular kind of work Official kind of work Offi	Contributory Carlo Deflection Secondary (Buration) Trs. mos. (Signed) Strong Cambridge, La
assit testinates	(a par (b bus white)	10 NAME OF FATHER CLEERT Sparrady 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER State OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 11 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 11 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN N	Contributory Cach Deflection Secondary (Buration) Trs. mos. (Signed) Cach Office Control of the Control of the Control of the Causing Death, or, in deaths from Viol Causes, state (1) Means of Injury; and (2) whether Accident Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRACOR RECENT RESIDENTS)
(Address) 4 Hobson St. ambridge, Ind Cambridge a mid. Oct 12	SEN	Trade, protession, or rilcular kind of work General nature of lodustry siness, or establishment in ich employed (or employer) 10 NAME OF FATHER Clourt 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 BIRTHPLACE OF MOTHER 15 BIRTHPLACE OF MOTHER (State or country) 16 BIRTHPLACE OF MOTHER (State or country) 17 BIRTHPLACE OF MOTHER (State or country) 18 BIRTHPLACE OF MOTHER (State or country) 19 BIRTHPLACE OF MOTHER (State or country)	Contributory Cuch Dufferth. Secondary (Signed) State the DIBPASE CAUSING DEATH, or, in deaths from Violance Causes, state (1) Means of Injury; and (2) whether Accident Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transport of death yrs. Mes. ds. State, yrs. Mes. Where was disease contracted, if not at place of death? Former or

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired write None. state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. The material worked on may form part only when needed. As examples: (a) Spinner, (b) Collon is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. ciun, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-(a) Salesman, (b) Groeery; (a) Foreman, For persons who have no occupation whatever, Women at home, who are engaged in Never return "Laborer," But in many cases, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronehopneumonia ("Pneumonia," unqualified, is indefinite); Tubereulosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as "Puenveral septichaemia," "Puenveral peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Urarmia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility", ("Con-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. cough; Chronie valvular heart disease; Chronie interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, ctc. "Tumor" for malignant neoplasms); Measles; Whooping The contributory (secondary or intercur-"Dropsy," carbolic acid-probably Never report mere "Exhaustion,



		PLACE OF DEATH 17544	STATE OF MARYLAND
	Coun	DayCheston Co	CERTIFICATE OF DEATH
	ooun		Registration Dist. No.
	Villag	ge or City Queens md (No	St.; Ward) [if death occurred in a hospital or institution,
			give its NAME instead of street and number,
		2 FULL NAME Mally M. J.	man Barre
11		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SE	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED OR DIVORCED Write the word) Write the word)	16 DATE OF DEATH Oct 12, 1915 (Month) (Day) (Year)
200	1 DA	TE OF BIRTH	n Sept 27 1915 to
certifica		1897	191 , to, 191 ,
200		(Month) (Day) (Year)	that I last saw he alive on 1919,
0	7 AG	E If LESS than 1 day, brs.	and that death occurred on the date stated above, at 230 m.
Dack		2 yrs. mos. ds. OR min.?	The CAUSE OF DEATH ** was as follows:
00	8 00	CCUPATION) Trade, profession, or	Prelumon Verbra culoris
	par	licular kind of work	2
0110) General nature of Industry siness, or establishment in	(Buration) yrs. mos. ds.
nstructions	-	ich employed (or employer)	Contributory
2	9 B1	RTHPLACE (State or country)	Secondary
000		10 NAME OF	- (Burstian) yrs. mas. ds.
تب		FATHER Kabert, Berown	(Signed) , M. O.
tan	ITS	11 BIRTHPLACE OF FATHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
- Lubor	Li Li	(State or country) 12 MAIDEN NAME ()	CAUSES, state (1) Means of Injury; and (2) whether Accidental,
	PARENT	OF MOTHER I 44 I Man Manual	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
Very		13 BIRTHPLACE	OR RECENT RESIDENTS) At place in the
5		OF MOTHER (State or country) Calify Ma	of death yrs. mos. ds. State, yrs. mos. ds.
Z	14 TH	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
T L		(Informant) glalige Jahusan	Former or usual residence
OCCUPATION	A STATE OF THE STA	(Address) Limbus and Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
ပိုင်	15	· · · · · · · · · · · · · · · · · · ·	July 8 nd 10/14, 1913
	File	ed Oct 13, 181 3 2 Wolff	20 UNDERTAKER ADDRESS ADDRESS
		REGISTRAR	. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
.59		It more branks are needed, address State negistrar.	TO THE DATA COMPANY OF THE PARTY OF THE PART
17	4.	• • •	

[Approved by U. S. Census and American Public Health Association.]

"Foreman," "Manager," "Dealer," etc., without more business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, write None. taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Loborer of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foremon, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Former or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, For persons who have no occupation whatever The material worked on may form part Architect, Never return Locomotive If retired from engineer, "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospino fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"), Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of tungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated on Nomenclature of the American Medical Association.) head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "Plenperal peritonitis," etc. State cause for which birth or miscarriage as "PUERPERAL septicharmia," etc., when a definite disease can be ascertained as the "Heart failure," "Heemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraunia," "Weakness," cause. genital," "Senile," etc.), "Anaemia" (mercly symptomatic), symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvulor heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of... Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, "Coma," The contributory (secondary or intercur-"Convulsions," "Dropsy," "Debility" ("Con-Never report mere "Atrophy," "Exhaustion,



V. S. No. 1.

	17545	STATE OF MARYLAND
Coun	n Dorchester	CERTIFICATE OF DEATH
Odui		Carlington Dia No. 116
	0.1 1 1.	Registration Dist. No.
Villa	ge or City Thompsons Station No.	St: Ward) [If death occurred in
******		a hospital or institution,
	le in the second	ot street and number.]
	² FULL NAME / COMMAN / COMP	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	x 4 COLOR OR RACE 5 SINGLE, child	16 DATE OF DEATH
9	WIDOWED	(Month) (Day) (Year)
M	all Colored (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
6 DA	TE OF BIRTH	1915 to U.S. 1915
	Jan. 16 2 1915	157/2 12
	(Month) (Day) (Year)	that I last saw h alive on 1911,
7 AG		and that death occurred on the date stated above, atm.
	2 1 day, hrs.	The CAUSE OF DEATH * was as follows:
	yrs. mes. ds. or min.?	rulintes
8 00	CCUPATION) Trade, protession, or	
par) Trade, profession, or thouse	
(b) General nature of Industry	
	siness, or establishment in ich employed (or employer)	(Ouration) yrs. mos. \ 8 ds.
	RTHPLACE	Contributory
	(State or country) Masuland	Secondary
	10 NAME OF	(Duraliss) yrs. mos. ds.
	FATHER OF	(Signad) , M. O.
(f)	11000 gones	1 Mg 1916 (Address) Caulmles Nes
PARENTS	11 BIRTHPLACE OF FATHER (State or country) Masyland	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
<u>u</u>	12 MAIDEN NAME	*State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
A	OF MOTHER	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
a.	13 BIRTHPLACE 12	OR RECENT RESIDENTS)
	of MOTHER (State or country) Maryland	At place in the of death yre. mas. ds. State, yrs. mes. ds.
14		Where was disease contracted,
17 71	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) / Cobert foices		Former or usuel residence
	1 11/1 11	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) Cambridge Mid	m / nin
18	c b · ·	Ordlown and Oct X 1915
FI	ed Od 19/ 1915 Zrlvoff	20 UNDERTAKER ADDRESS
	REGISTRAR	It. Ho. Helles Toro, Cambridge med
	If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. write None business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers mobile factory. The material worked on may form part precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Collon is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-Compositor, Architect, Locomotive If retired from engineer, "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as "Puerperal septichucmia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (mercly symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease eausing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, ctc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... (name origin; "Cancer" is less definite; avoid use of The contributory (secondary or intercurg., sepsis, tetanus) may be stated Never report mere



RESERVED FOR BINDING MARGIN

8. No. 1.

N.

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

1 PLACE OF DEATH

17546



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. /

St.;----Ward)

[If death occurred in a hospital or institution. give its NAME instead

FULL NAME Theling	Celura of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLDROR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day (Year)
a date of BIRTH april 25, 1914	17 I HEREBY GERTIFY, That I attended deceased from 191, to 191, 191, 191, 191
7 AGE (Month) (Day (Year) 1 LESS fhan f day,hrs. ORmin.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.	des, Giberino
(b) General neture of industry, business, or establishment in which employed (or employer)	Contributory Court Courts
(State or country) Sombuston D 10 NAME OF FATHER MY O, Hearts 11 BIRTHPLACE OF FATHER (State or country) Sombuston Do 12 MAIDEN OF MOTHER OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (informant) (informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. At place in the of death yrs mos ds. State yrs mos ds Where wes disease contracted, if not at place of death? Former or usoal residence.
(Address) Madeson 16 Filed Oct 14, 191.5 School Registrar	Madian Date of Burial Madian Oct. 14

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Censns and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dcaler," etc., without more precise specistatement. For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, If the occupation has "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Measles (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." sepsis, tctanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of For Vio-



MARGIN RESERVED FOR BINDING

V. S. No. 1.

Cour	PLACE OF DEATH 17547 (2)	STATE OF MARYLAND CERTIFICATE OF DEATH
		Registration Dist. No. //6
Villa	ge or City Cambridge (No. 60) 2 FULL NAME Charles Thou	institute Ave st.; Ward) [If death occor a hospital or instigure its NAME in of street and num
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	rale White 5 SINGLE, Married Wildowed OR DIVORCED (Write the word)	16 DATE OF DEATH OCL 25, (Month) (Day)
6 DA	TE OF BIRTH (Month) (Day) (Year)	that I last saw have alive on UN 25
7 AG	· · · · · · · · · · · · · · · · · · ·	and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows:
O (b bu wh	CCUPATION a) Trade, profession, or ricular kind of work b) General nature of lodustry sinoss, or establishment in nich empleyed (or employer)	Contributory Secondary
PARENTS	10 NAME OF FATHER Charles Lyons 11 BIRTHPLACE Maryland OF FATHER (State or country) Maryland 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOL CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT SUICIDAL or HOMICIDAL.
	OF MOTHER Speed Man Agal	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAN
	13 BIRTHPLACE OF MOTHER (State or country) Maryland HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Hrank Lyons	At ptaco - In the st death

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mill; (a) Salesman, (b) Grocery; (o) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton first line will be sufficient, c. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cases, mobile factory. is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question "Foreman," "Manager," "Dealer," etc., without more business or industry, and therefore an additional line especially in industrial employments, it is necessary to For many occupations a single word or term on the -Coal mine, etc. Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," very important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia," nenin-unqualified, is indefinite); Tuberculosis of lungs, menin-

under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated snicide. The nature of the injury, as fracture of skull, state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness, on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee head-homicide; Poisoned by corbolic acid-probably Struck SUICIDAL, or HOMICIDAL, or as probably such, if impossible "PUERPERAL peritonitis," etc. "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. to determine definitely. Examples: Accidental drowning. birth or miscarriage "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping by railway train-accident; Revolver wound Always qualify all diseases resulting from child-The eontributory (secondary or intercuras "Puerperal septichaemia," "Dropsy," State cause for which Never report mere "Exhaustion,"

If the certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

NOV 8 1915
BURBAUTED

	RE	PH
MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RE	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHY CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of important See lettricitions on har of continued.
FOR	-THIS IS	GE should liperly classif
ESERVED	FADING INK	ully supplied. A
ARGIN R	Y, WITH UN	should be care
Ì	SITE PLAINL	of information DEATH in plain
V. S. No. 1.	W	B.—Every item CAUSE OF
1		Z

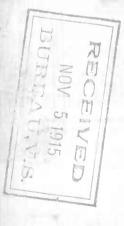
Ounty Worcheslei 17548 Village or City Church Greek	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. // (If death occurred in a hospital or institution give its NAME instead of street and number.)
- FULL NAME	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE MARRIED WIDOWEO, OR OLVORGEO (Write the word) 6 DATE OF BIRTH	18 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year) 7 AGE (Month) (Day) (Year) 1 t LESS than 1 day,hrs. ORmin.?	that I last saw h 2 alive on Red 11 , 1913. and that death occurred on the date stated above, at 6 m, The CAUSE OF DEATH* was as follows:
(b) General nature of Industry, business, or establishment in which employed (or employer) **BIRTHPLACE* (State or country) Maryland 10 NAME OF FATHER Monuts Wellicens OF FATHER (State or country) Maryland 12 MAIDEN NAME OF MOTHER (State or country) Maryland 13 BIRTHPLACE OF MOTHER (State or country) Maryland 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	(Signed) (Duration) yrs. mos. ds. (Signed) (Durati
	19 PACE OF BURIAL OR REMOVAL DATE OF BURIAL

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of iil-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as been changed or given up on account of the nisease should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfuimaterial worked on may form part of the second first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. "Heart failure," "Haemorrhage," "Inanition," "Maras-mus," "Old Age," "Shock," "Uraemia," "Weakness," dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puenperal septichaeetc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ampie: Measles (disease causing oma. Sarcoma. etc., of The contributory Aiways qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (secondary or intercurrent) (name origin; "Candeath), 29 "Exhaustion," Examples:



PLACE OF DEATH 17549	STATE OF MARYLAND
la halle	CERTIFICATE OF DEATH
County Co	Registered No. // 9
Village or City Church Greek 2 FULL NAME Joseph & Z	St; Ward) [It death occurred in a hospitat or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIGOWED, WIDOWED, ORDIVERCED (Write the word)	(Month) (Day) (Year) I HEREBY CERTIFY. That I attended deceased from
March 10 , 1839 (Month) (Day) (Year)	that I last saw here alive on Och 16 1915
7 AGE If LESS than t day, hrs. OR	and that death occurred on the date stated above, at 2
B OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in	(Duration) yrs. mos. / ds.
which employed (or employer) 9 BIRTHPLACE (State or country) Maugland	Contributory Addition Second (Secondary) (Ouration 2 yrs mos ds.
10 NAME OF James Moore	(Signed) left to faring, M. D.
11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of MOTHER Annie Clarage 13 BIRTHPLACE OF MOTHER (State or country) Maryland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs
(Interment) Thomas Move	Where was disease contracted, It not at place of death? Former or usual residence
(Address) Camping 15 Filed (Och! 4 , 1915) Angle REGISTRAR	19 place of BURIAL OR REMOVAL DATE OF BURIAL Church Cauks Church 9, 1915. 20 UNDERTAKER ADDRESS Worald Richardson Church Cauk
if more blanks are needed, address State Registrar, 6 E	J. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None, been changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an statement. it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the Insease causing death—Name, first, the insease causing death—Name, first, the insease it is a causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conwhich surgical operation was undertaken. ample: Measles (disease causing cer" is less definite; avoid use of "Tumor" for malig thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitlal nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Candeath), 29 "Exhaustion," Examples: For vio-



N.B.

village or City Charles No. (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. //6
2 FULL NAME Jane & E pace	Ward) a hespital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED OR DIVORCED SINGLE	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h alive on 191 191 191 191
7 AGE If LESS than 1 dayhrs. OR min.?	The CAOSE OF DEATH * was as follows:
CCUPATION (a) Trade, profession, or particular kind of work (b) General nature of lodustry business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	(Oursilon) — yrs. 6 mes. ds. Contributory Secondary
10 NAME OF FATHER HOUSTON JOSEPH 11 BIRTHPLACE OF FATHER BUCK town Md 12 MAIDEN NAME OF MOTHER OTHER OF MOTHER OTHER OT	(Signed)
OF MOTHER COLLEGE 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs. mes. ds. State, yrs. mes. ds. Where was disease contracted, If not at place of death? Former or usual residence
16 Filed Oct. 18 / 1915 EEWolfs REGISTRAR	DATE OF BURIAL OR REMOVAL OCT 19. 191.5 OUNDERTAINE OUNDERTAINE ADDRESS ADDRESS
If more blanks are needed, address State Registrar, 1	6 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. If retired from wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers only when needed. As examples: (a) Spinner, (b) Cotton business, that fact may be indicated thus: Farmer (retired or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile, factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupavarious pursuits can be known. For persons who have no occupation whatever, The material worked on may form part Never return "Laborer," The question (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Branchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conon statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated hcad-homicide; Poisoned by SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uracmia," "Weakness, genital," "Senile," ctc.), "Dropsy," symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Broncough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) to determine definitely. Examples: Accidental drowning; "Heart failure," "Haemorrhage," "Inanition," "Maraschopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. nephrilis, etc. "Tumor" for malignant neoplasms); Measles; Whooping by railway train-accident; Revolver The nature of the injury, as fracture of skull The contributory (secondary or intercurcarbolic acid-probably Never report mere "Exhaustion," mound

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

NOV. 8 1915
BUREAU, V.S.

FOR

	Coun		STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 112.
	Villag	ge or City (No. , 9 Menths 2 FULL NAME (Still Bour)	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SE	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
certificate	6 DA	TE OF BIRTH	Still Cart to 191.
Ce		(Month) (Day) (Year)	that I last saw halive on, 191,
back of	7 AG	if LESS than 1 day, hrs. or min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
instructions on	(b)	CUPATION Trade, profession, or floular kind of work General nature of Industry iness, or establishment in ch employed (or employer) None,	Chacental learch Tressur-
ee inst	9 B1	(State or country) maniformal.	Secondary (Buration) yrs mos de
מ		10 NAME OF FATHER Danald P. Pharral	(Signed) E. J. Scart, M. o.
very important.	S L II	11 BIRTHPLACE OF FATHER (State or country) manylanic	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL,
ry im	PAR	12 MAIDEN NAME OF MOTHER Gattie May Carr	SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
S		13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death
		Informant) Danald Pharmant (Informant)	it not at place of death? Former or usual residence
CCUPATIO		(Address) breigna, Just	Vienna, Md. Date of Burial OCT 10 1915
0	O'CFNe	1 0 1915, 191 Edward & Jan Kin	20 UNDERTAKER Mone. Puried AODRESS Vienna, Md.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook, write Nonc Housemaid, etc. If the occupation has been changed employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers mobile factory. The material worked on may form part taken to report specifically the occupations of persons precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer." of the second statement. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, business or industry, and therefore an additional line especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-Compositor, For persons who have no occupation whatever, Never return etc., without more If retired from "Laborer, (b) Auto-

Statement of Cause of Death—Name, first, the disease Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid Jever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated Struck by railway train-accident; Revolver wound head-homicide; Poisoned by earbolic to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state Means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths "PUENPERAL perilaritis," etc. State cause for which birth or miscarriage as "Puenperal septichaemia," cause. etc., when a definite disease can be ascertained as the "Heart failure," "Heanorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," "Anaemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" chopmeumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," cough; Chronic valendar heart disease; Chronic interstitial Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull The contributory (secondary or intercuretc.), "Dropsy," acid-probably "Exhaustion," ("Con-



A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Coun	PLACE OF DEATH 17552	STATE OF MARYLAND CERTIFICATE OF DEATH
		Registration Dist. No.
Villa	ge or City (No.), Pearl Pinket	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
47	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	X 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DA	TE OF BIRTH (Month) (Day) (Year) (I LESS than 1 day, hrs. OR min.?	that I last saw have alive on Oct 15, 1915, and that death occurred on the date stated above, at 32, m. The CAUSE OF DEATH # was as follows:
(b) bus wh	CCUPATION 1) Trade, profession, or ricular kind of work 1) General nature of industry siness, or establishment in icich employed (or employer) IRTHPLACE (State or country)	Julius Jag wot know (Ouration) yrs. mos. ds. Contributory Secondary
RENTS	10 NAME OF Thomas Jones. 11 BIRTHPLACE OF FATHER (State or country) 12 Caruland	(Signed) (Buration) yrs mos ds. (Signed) , M. O. State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) Means of Injuny; and (2) whether Accidental,
PARE	13 BIRTHPLACE OF MOTHER (State or country) 12 MAIDEN NAME Mina G. Pinkett G. Mother (State or country)	SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Informant) Cleur Company Knowledge Truend (Address) Ciccura Just		Where was disease contracted, if not at place of death ?
		19 POACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER 20 UNDERTAKER APPRESS
FI	1913, 191 Alle ara Q. Alle Registrar Af more blanks are needed, address State Registrar,	Helloughby How Hurlock, Hea
	at more states are needed, address state degravat,	0

S. No. 1. >

Z.B

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thms: Farmer (retired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer write None. or given up on account of the disease causing death, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used mill; (a) Salesman, (b) Grocery: (a) Foreman, engineer, business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive engineer, Civil eer, Stationary fireman, etc. But in many cases, various pursuits can be known. The question The material worked on may form part Women at home, who are engaged in etc., without more If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrespinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably to determine definitely. SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of birth or miscarriage "Anacmia" nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping Example: Measles (disease causing death), 29 ds.; Bron-(name origin; "Cancer" is less definite; avoid use of "Old Age," "Shoek," "Uracmia," "Weakness," by railway The nature of the injury, as fracture of skull, The contributory (secondary or intercurtrain-occident; Revolver wound of Examples: Accidental drowning; as "Puerperal septichaemia," State cause for which Never report mere

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

NOV 5 1915
BUREAU, V.S.

V. S. No. 1.

Cou	nty worchester	CERTIFICATE OF DEATH
Villa	age or City Rhodesdul No.	Registration Dist. No
	2 FULL NAME Lulu 7. Vide	or of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE SINGLE, Dury 4 MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
	MTE OF BIRTH (Month) (Day) , 1 9 1 4 (Year)	that I last saw halve on April 25, 1916.
7 AC	yrs	and that death occurred on the date stated above, at &
o pa	CCUPATION a) Trade, profession, or rricular kind of work b) General natore of industry siness, or establishment in hich employed (or employer)	Municular Municipales (Quration) yrs. mos. \sqrt{ds.}
9 B	IRTHPLACE (State or country) 10 NAME OF	Contributory Secondary (Durallen) yrs. mes. ds.
PARENTS	11 BIRTHPLACE OF FATHER (State or country) Mid.	(Signed)
	13 BIRTHPLACE OF MOTHER 13 BIRTHPLACE OF MOTHER	SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Al place In the
(State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)		of death yrs. mes. de. State, yrs. mes. ds. Where was dissess contrasted, if not at place of deeth?
16 FI	(Address) Ruds Gron ms led Oct 2", 181 s. Robert d. Hastice's REGISTRAR	19 PLACE OF BURIAL OR REMOVAL Holder France Det 2, 191 d
	If more blanks are needed, address State Registrar, 1	6 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

17553

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

or given up on account of the DISEASE CAUSING DEATH, business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. If retired from engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers mill; (a) Salesman, (b) Crocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Collon write None. Housemaid, etc. precise specification as Day laborer, Form laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," is very important, so that the relative healthful-Compositor, Architect, For persons who have no occupation whatever The material worked on may form part If the occupation has been changed Locomotive engineer, (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Piphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, "Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Typerculosis of lungs, menin-

on statement of cause of death approved by Committee and consequences (e. g., sepsis, telanus) may be stated state means of injury and qualify as accidental, suicidal, or as probably such, if inpossible to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deaths mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senilc," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hacmorrhage," "Inanition," "Maraslapse," "Coma," Example: Measles (disease causing death), 29 ds.; Bronges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably "PUERPERAL peritonitis," ctc. birth or miscarriage as "Puerperal septicharmia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of railway train-accident; Revolver wound of The contributory (secondary or intercur-"Convulsions," "Debility" ("Con-State cause for which Never report mere "Atrophy,"



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

	•	
2	2	
J.	ì	
6		
P	•	

17554

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. // 5

-Ward)

fif death occurred in a hospital or institution, give its NAME lostead of street and nomber.]

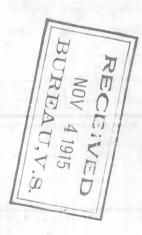
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIODWED, OR DIVORCED (Write the word)	16 DATE OF DEATH CLOSE 13th 1915. (Month) (Day (Year)
October 13th, 1915	, 191 to , 191
(Month) (Day (Year) 7 AGE If LESS than 1 day,hrs. ORmin.?	The CAUSE OF DEATH* was as follows:
(b) General nature of Industry, business, or establishment in which employed (or employer)	
OF FATHER Thos. C. Rippors 11 BIRTHPLACE OF FATHER (State or country) Prochester Co., And. 12 Maiden NAME OF MOTHER OF MOTHER 13 BIRTHPLACE 13 BIRTHPLACE 13 BIRTHPLACE	(Signed) (Duration)
OF MOTHER (State or country) Horchester Co., Had. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informani) Thos. C. Rippins	where was disease contracted, If not at place of death? Former or usual residence.
(Address) The svilly Md. 16 Filed Col. 14th., 1915 Total Monston, MA. Free Registrar If more blanks are needed, address State Regist	19 PLACE OF BURIAL OR REMOVAL Hoopwanelle and let 14th, 1915 20 UNDERTAKER Thool. Rippons Jother Hoopwanelle had trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. who have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ili-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestle service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or Industry, and therefore an been changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) eases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," The (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic eere-brospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, ctc., Carcin-

ture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." schsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Tuerreral peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for mahg-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measics (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion,"



state Very SICIANS should PHYSICIANS RECORD PERMANENT INK-THIS properly AGE supplied. be UNFADING certificate. 80 0 WITH terms. no PLAINLY, plain Instructions Information 5 DEATH Sea 90 PO Item mportant. Every Ite

ż

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

...Ward)

[if death occurred in a hospital or jostitution. give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. 191/2 WIDOWED. ORDIVORCED (Write the word) (Month) (Day (Year) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than 1 dayhrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in Many which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 16 LENGTH OPRESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death ___ yrs. ____ mos. ___ ds. State _____ yrs.__ Where was disease contracted. If not at place of death? Former or usuai residence ACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Janklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

mine, etc. Women at home, who are engaged in the statement. material worked on may form part of the second who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers Grocery; (a) Foreman, (b) Automobile factory. The cated thus: been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precisc speciit should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (6)

Statement of cause of death—Name, first, the misease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e, g., by carbolic acid-probably suicide. The nature of the LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. etc., when a dcfinite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senilc," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory (Recommendations on statement of (secondary or intercurrent) State cause for For VIO-



PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

mpse	W ard)	a hospital or i give its AAM of street and	nstitution, E instead
MEDICAL C	ERTIFICATE	OF DEATH	
16 OATE OF DEATH	Got.	(Day)	, 191 (Year)
17 I HEREBY CERT			
, 19	91, te	***************************************	, 191
that I last saw hammal and that death occurred			8/J.G.r
The CAUSE OF DEATH			
In live	Lul.	Lieus	
	Account of the second	***************************************	••••
***************************************			12-
Contributory Eu	lents	yremo:	8
	(Burstlen)	yremo	0
(Signed) - 7-	Tues	ls.	, M.
, 191 (/	Addrese) 6.7	1- marks	mi
*State the DISEASE C. CAUSES, state (1) MEANS SUICIDAL OF HOMICIDAL.		r, in deaths from V (2) whether Accus	IOLENT ENTAL,
18 LENGTH OF RESIDENCE OR RECENT RESIDENTS)	(FOR HOSPITALS	, Institutions, Te	ANSIENT
At place of death yre. mee	in the Staf	о,угвли	08
If not et place of death?	A		
19 PLACE OF BURIAL OR R	EMOVAL	DATE OF BUR	AL
5. n. market	md.	10/9	, 191.
20 UNDERTAKER		ADDRESS	

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

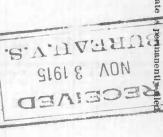
17556

[Approved by U. S. Census and American Public Health Association.]

& yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Screant, Cook, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more employed, as At school or At home. precise specification as Day laborer, Farm laborer, Laborer mobile factory. only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autobusiness or industry, and therefore an additional line is provided for the latter statement; it should be used cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa--Coal mine, etc. many occupations a single word or term on the various pursuits ean be known. The question The material worked on may form part Women at home, who are engaged in Care should be If retired from

Statement of Cause of Death—Name, first, the disease causing death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated SUICIDAL, or nomicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; head-homicide; Poisoned by carbolic acid-probably state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths Struck by railway "PUERPERAL perilonilis," etc. birth or miscarriage as "Puerpenal septichaemia," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "An temia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephrilas, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping The nature of the injury, as fracture of skull, Always qualify all diseases resulting from child-The contributory (secondary or intercurtrain-accident; Revolver State cause for which Never "Exhaustion," report mere nound



V. S. No. 1.

PLACE OF DEATH

Cour	to Dorchester 17557 (NA	CERTIFICATE OF DEATH	
		Registration Dist. No.	
/illa	ge or City Cambridge (No. 211 Ma 2 FULL NAME Amelia A	Seward [If death occurred in a hospital or institution, give its NAME Instead of street and number.]	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SE	x 4 COLOR OR RACE 5 SINGLE, MARRIED, Marked WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH October 76, 1915 (Month) (Day) (Year)	
B DA	TE OF BIRTH Philips 8m 1838	17 I HEREBY CERTIFY, That I attended deceased from 2004 26, 1915, to 004 25, 1915,	
(Month) (Day) (Year) 7 AGE (Month) (Day) (Year) 11 LESS than 1 day, hrs. OR min.? (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in		and that death occurred on the date stated above, at 12	
9 BIRTHPLACE (State or country) Maryland		Contributory Secondary	
10 NAME OF FATHER John Marshall 11 BIRTHPLACE OF FATHER (State or country) Mary Land 12 MAIDEN NAME 12 MAIDEN NAME		(Signed) STYPOLO LETTER Mes. da. (Signed) State the Disease Causino Death, or, in doubts from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.	
PA	13 BIRTHPLACE OF MOTHER (State or country) Maryland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Al placa In the ef death	
(Informant) Saward Seward		If net at place of death ?	
15	(Address) Cambridge "Mid	Cambridge Mid. Oct. 28, 1915	
File	edOct 28, 1910 - Elbaff REGISTRAR	The Mellis TBro Cambridge My	
	If more blanks are needed, address State Begistrar, I	6 W. Saratoga St., Balto., Requesting V. S. No. 1.	

[Approved by U. S. Census and American Public Health Association.]

-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part of the second statement. Never return "Laborer," mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Collon is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, If the occupation has been changed Locomotive engineer, If retired from The question (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of eause of death approved by Committee suicide. The nature of the injury, as fracture of skull, state MEANS OF INJURY and qualify as ACCIDENTAL, under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. etc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) to determine definitely. birth or miscarriage "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. "," "Old Age," "Shock," "Uracmia," "Weakness," by railway Always qualify all diseases resulting from child-The contributory (secondary or intercurtrain-accident; Revolver as "PUERPERAL septichaemia," Examples: Accidental drowning; State cause for which Never report mere wound of



	RECORD	Ssified, E
	A PERMANENT	should be stated be properly class certificate.
V.S. No. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Ex OCCUPATION is very important. See instructions on back of certificate.
>		ż

County puchs tu 17558	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City (No	St; Ward) [It death occurred in a hospitat or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH O (Month) (Day) (Year) 17 HEREBY CERTIFY. That I attended deceased from
Month) (Day) (Year)	that I last saw h 9 alive on 0 4 - 5 , 1915,
7 AGE If LESS than 1 day, hrs.	and that death occurred on the date stated above, at
BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)	Typhard full (Burellon) yrs moe ds.
10 NAME OF FATHER Y Ham Subauls 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF THE STATE OF T	Secondary (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Addr
OF MOTHER BUTCH WILLIAM 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mes. de. Stale, yrs. mos. ds. Where was disease contracted, if not et place of death? Former or usual residence.
(Address) farms mil	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OCH TY, 1915 20 UNDERTAKER LEMPTH + Hagy Cambudge
ff more blanks are needed, address State Registrar, I	16 W. Saratoga St., Balto., Requesting V S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

precise specification as Day laborer, Farm laborer, Laborer only when needed. As examples: (a) Spinner, (b) Collon business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Hausekeepers mobile factory. The material worked on may form part of the second statement. Never return "Laborer," mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used engineer, Stationary fireman, etc. But in many cases, "Foreman," "Manager," "Dealer," etc., without more know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, c. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthfulbusiness or industry, and therefore an additional line For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, If retired from The question (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and eonsequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or nomicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness, "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Concough; Chronic valvular heart disease; Chronic interstitial on Nomenclature of the American Medical Association.) "PUERPERAL peritonitis," etc. genital," "Senile," etc.), "Dropsy," "Exhaustion," symptoms or terminal conditions, such as "Asthenia," rent) affection need not be stated unless important. nephritis, etc. "Heart failure," "Haemorrhage," "Inanition," "Maraschopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles, Whooping or miscarriage as "Puenperal schichuemia," by railway Always qualify all diseases resulting from child-The contributory (secondary or intercurtrain-accident; Revolver State cause for which Never report mere wound



MARGIN

S. No. 1.

1

WRITE PLAINLY, WITH UNFADING INK-THIS IS

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very stated EXACTLY. carefully supplied. ACE should be so that it may be properly classified. DEATH in plain terms, so that it m See instructions on back of certificate. Every Item of information should be CAUSE OF DEATH in plain terms, s Important.

A PERMANENT RECORD

1 PLACE OF DEATH

County Dorchester

Horpursille (No.

17559

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 115

St.; Ward)

lif death occurred la a hospital or institution, give its NAME instead of street and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
351	ex COLOR OR RACE SINGLE, MARRIED, WIOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH OTOGO 15 h. , 1915 (Month) (Day (Year) 17 HEREBY CERTIFY, That attended deceased from
6 D	ATE OF BIRTH	
	(Month) (Day (Year)	that I lest saw h alive on
7 A	GE If LESS than 1 day, hrs. OR min. ?	The CAUSE OF DEATH* was as follows:
% (a	CCUPATION) Trade, profession, or ricular kind of work	marings of V Mist.
(b) bus	General nature of industry, iness, or establishment in ich empioyed (or employer)	(Duration) yrs. mas. ds.
9 B	(State or country) Mayland	Contributory Secondary (Berstlen)
	10 NAME OF Pufus Oliver Simining	(Signed) (Doration) yrs mos ds.
ENTS	11 BIRTHPLACE OF FATHER (State or country) Manyland	*State the DISEASE CAUSING DEATH, or, In deaths from Violent
PARE	12 MAIDEN NAME OF MOTHER Hattie D. Parks	CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
	13 BIRTHPLACE OF MOTHER (State or country) Maryland	At place in the of deathyrs mos ds
14 1	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(Informant) R. O. Simmons	Former or usual residence
	(Address) Tropusville kid	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 FII	ied Ot, 5th, 1915 Toph Honaton MA.	Horaconille and OCT 15th, 1915 20 UNDERTAKER ROLLING ADDRESS HORACONILLE ADDRESS
	HEGISTRAR	way summers wherefulle

If more blanks are needed, address State Registrar, 6 E. Frankliu St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Forcuan," "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the (6)

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synouym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid dinumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." schsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scotichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Scuile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of For VIO-



STATE OF MARYLAND 10 statement CERTIFICATE OF DEATH PHYSICIA Registration Dist. No.Ward) a hespital or institution. EXACTLY. give its NAME Instead of street and number.] RECORD classified. 16 DATE OF DEATH 3 SEX MARRIED, WIDOWED OR DIVORCED (Wrue the word) PERMANENT QUIONIB (Month) Y rtifloate CERTIFY, That I attended deceased from pino cel (Day) If LESS than 10 7 AGE may ليا 1 day, hrs. back O OR Min. ? d 4 BOCCUPATION
(a) Trade, profession, er 20 supplied INK Oparticular kind of work (b) General nature of ladustry Instructi terms business, or establishment in (Beration) _____yrs. ____mos. which employed (or employer) 9 BIRTHPLACE Contributory Secondary (State or country) See 10 NAME OF FATHER C pino U 11 BIRTHPLACE K (State or country) *State the DISEASE CAUSING DRATH, or, in deaths from VIOLENT ы CAUSES, state (1) MEANS OF INJURY; and (2) whether Accimental, ы 0 SUICIDAL OF HOMICIDAL 00 4 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, Informati 0 OR RECENT RESIDENTS) 13 BIRTHPLACE ш At elecs In the S OF MOTHER (State or country)yrs.mss.ds. of death 0 69 should state CAI CA Where was disease contracted, 14 THE ABOVE IS If not at place of death?. usual raeldanes (Address) 15 20 0 Z

If more blanks are needed, address State Registrar, 16 W. Saratoga St.,

fif death occurred in

(Day)

Batto., Requesting V. S. No. 1.

1915

(Year)

[Approved by U. S. Census and American Public Health Association.

mill; (a) Salesman, (b) Grocery; (a) Foreman, especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question tion is very important, so that the relative healthfulengaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, For many occupations a single word or term on the applies to each and every person, irrespective of age. write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed Statement of Occupation-Precise statement of occupa-Coal mine, etc. For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in Locomotive engineer, If retired from (b) Auto-Civil

unqualified, is indefinite); Tuberculosis of lungs, meninspinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroterm for the same discase. Examples: Cerebrospinal time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to Typhoid fever (never report "Typhoid pneumonia"); Statement of Cause of Death-Name, first, the DISEASE pneumonia, Bronchopneumonia ("Pneumonia,

"Heart failure," "Hacmorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Ursemia," "Weakness," chopneumonia (secondary), 10 ds. Never report mere cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association. SUICIDAL, Or HOMICIDAL, Or as probably such, if impossible to determine definitely. Examples: Accidental drowning: surgical operation was undertaken. For violent deates birth or miscarriage as "Puerperal septichaemia," genital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Colsymptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. on statement of cause of death approved by Committee under the head of "Contributory." (Recommendation and consequences (o. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of Struck by railway train-accident; Revolver wound of state MEANS OF INJURY and qualify as "PUERPERAL peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the head-homicide; Poisoned by carbolic Always qualify all diseases resulting from child-"Coma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercur-"Dropsy," "Exhaustion," acid_probably ACCIDENTAL, skull,

tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently-flied. If this certificate is looked over thoroughly and all the



9 5 PHYSICIANS shoul RECORD statement PERMANENT 4 INK-THIS supplied. UNFADING may certificate. 0 0 terms, n back PLAINLY ATH in plain EAT See 0 OF Every Item CAUSE OF Important.

state Very

STATE OF MARYLAND 1 PLACE OF DEATH 17561 CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred isWard) a hospital or institution, give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE WIDOVED, (Year) (Month) (Day Write the word I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day,....hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trado, profession, or particular kind of work. (b) Goneral nature of industry, business, or establishment in which amplayed (or employer) State or country) Contributory Secondary (Duration) 10 NAME OF FATHER (Signod) ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place lo the OF MOTHER (State or country) of death State ____ yrs... ____ yrs. ___ mos. ___ Where was diseaso contracted, If not at place of death? Former or usual residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Kethlehen 15 20 UNDERTAKER ADDRESS REGISTR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

mine, etc. statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples: (4)

Statement of cause of death—Name, first, the disease causing dearth (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) *Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcists of lungs, meninges, poritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic "Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "I'UERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ralvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclactc., when a definite disease can be ascertained as the genital," Bronchopneumonia (secondary), 10 ds. Never report by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcasles (disease eausing death), 29 ds.; "Scnile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," For vio-



FOR BINDING RESERVED MARGIN

V. S. No. 1.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PHYSICIANS should state of OCCUPATION is very N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. I CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement Important. See instructions on back of certificate.

1 PLACE OF DEATH 17562

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 119

S	+ .	-Ward)	
	P44-monthson	- TT ALCI)	

[If death occurred in a hospifal or institution, give its NAME instead of street and comber.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORGED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
DA"	(Month) (Day (Year)	17 I HEREBY CERTIFY, That I attanded deceased from
7 AGI	54 yrs // mos. 23 ds. or min.?	and that death occurred on the data atated above, atm The CAUSE OF DEATH* was as follows:
(a) T parti	CUPATION Frada, profession, or Cuiar kind of work	Just before I reached the hours
busin	General nature of Industry, ess, or establishment in n employed (or employer) Assafrang Rosse	(Duration) yrs mos ds.
9 818	State or country) Dor chester loo and	Contributory Secondary
	10 NAME OF Sprand Prilakell	(Signed) (Deration) yrs mos ds.
Z	11 BIRTHPLACE OF FATHER (State or country) Doz chester log had	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT
4	of MOTHER Clina Vingate	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSPORTS
	13 BIRTHPLACE OF MOTHER (State or country) Dor e hester bo hed	At place of death yrs mos ds. State yrs mos ds
	nformant) Secretary Wall	Where was disease contracted, if not at place of death? Former or usual residence
16	(Address) Italing ite, hid.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL WINGELES 1915
Filed	ort 2,9, 1913 WAN Wilchett	20 UNDERTAKER ADDRESS U D Kirusvisz Craho ment

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciapplies to each and every person, irrespective of age. been changed or given up on account of the disease of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care statement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, If the occupation has Farmer or Planter, "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid dieumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallg "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 .ds.; oma, Sarcoma, etc., of...... (name origin; "Can-Aceidental drowning; Struck by railway train-accimere symptoms or terminal conditions, such as "As-The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) State cause for For VIO-



Every item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. THIS IS A PERIMANENT RECORD BINDING FOR MARGIN RESERVED

	INK	upplic
	JNFADING	carefully s
V. S. No. 1.	WRITE PLAINLY, WITH UNFADING INK-	N. BEvery item of information should be carefully supplie
	62	

PLACE OF DEATH 17563	STATE OF MARYLAND
County Doschester:	CERTIFICATE OF DEATH Registration Dist. No. 13
Village or City Jaylorus Islando. 2 FULL NAME Jun J. Ook	St.; Ward) [If death occurred in a hospital or institution, give its MAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MARTIED, WIDGWED Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH Aug 8 1857	that I last saw h alive on 191.
7 AGE (Month) (Day) (Year) 1 day, hrs. OR min.?	and that death occurred on the date stated above, at 6.30 f
(a) Trade, profession, or particular kind of work. (b) General nature of industry business, or establishment in which employed (or employer)	Chronic Interstitial Replisit
9 BIRTHPLACE (State or country) Md	Contributory Secondary (Burslien). yrs. mes.
10 NAME OF FATHER Travers B. Tolley 11 BIRTHPLACE	(Signad) JO. J. Shriver Jr., M. Cett 95, 191.5 (Address) Varlow Slid
Z OF FATHER (State or country)	*State the DISEASE CAUSING DRAYM, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
OF MOTHER Clipaleth Geoghega 13 BIRTHPLACE OF MOTHER (State or country) Md	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place In the of death
(Informant) Bery Jolley	if not et place of death ?
(Address) Vaylor's Isl'd-Ma.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Oct. 25, 1915
	20 UNDERTAKER ADDRESS

NOV 4 10

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, telonus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train—accident; Revolver wound of to determine definitely. Examples: Accidental drouning; suicinal, of monicinal, of as probably such, if impossible state means of injury and qualify as accineural, surgical operation was undertaken. For violent deaths "PURRPERAL peritonitis," etc. State cause for which birth or miscarriage as "PUERPERAL sephichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracinia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustiph," lapse," "Coma," "Convulsions," "Debility" ("Con-"Anaemia" (merely symptomatic), "Atrophy," "Colf symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronf rent) affection need not be stated unless important nephritis, etc. The contributory (secondary or inter thr cough; Chronic valvular heart disease; Chronic interstitiat "Tunnor" for malignant neoplasms); Meastes; Whoopland (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondcucc. All the data is essential and must be obtained before the certificate is permanently filed.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Realth

write None. 6 yrs.). For persons who liave no occupation whatever, business, that fact may be indicated thus: Former (retired state occupation at beginning of illness. If retired from or given up on account of the nisease causing neath, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers -Coal mine, etc. Women at home, who are engaged in precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary freman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, Civil first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-

Statement of Cause of Death—Name, first, the disease to causation), using always the same accepted time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid pneumonis"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," in indefinite); Tuberculosis of lungs, meninmaniad, is indefinite); Tuberculosis of lungs, meninmaniad, is indefinite);

1 PLACE OF DEATH	- JHFO1	(sx)	CERTIFICA	F MARYLAND TE OF DEATH ation Dist. No. 114
Village or City	lathaline I	ouisa	Rever	[If death occurred in a hospilal or institution, give its NAME instead of street and number.]
PERSONAL AND	STATISTICAL PARTICULAS	RS	MEDICAL CERTIFI	CATE OF DEATH
Jemale Color of	RRACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)			Wonth) (Day) (Year)
6 DATE OF BIRTH		17		nat I attended deceased from
	nas 15- (Math) (Day)	(Teat)		, 191
7 AGE Yrs.	1	day, hrs.	t death occurred on the USE OF DEATH * was a	date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work		TI.	o bottor	in attende
	s 1, 2 1 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Ouration)yrsmos.
9 BIRTHPLACE (State or country)	chester	Seco	ributory	Durstled Syrs. mos.
10 NAME OF FATHER	in Lee	(Signed)	Juston	Jan M.
U 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	dorchenter	CAUS	ES. state (1) MEANS OF INJU.	DEATH, or, in deaths from Violent RY; and (2) whether Accidental,
OF MOTHER	ella Treve	SUICE 18 LENG	TH OF RESIDENCE (FOR HO	SPITALS, INSTITUTIONS, TRANSIENT
13 BIRTHPLACE. OF MOTHER (State or country)	dorchester	At place of death	CENT RESIDENTS)yrsmos,ds.	in ths State,yrsmos
14 THE ABOVE IS TRUE TO	THE BEST OF MY KNOWLEDG		dissase contracted,	
(informant) Lose	th Phillip	J Former or usust resi	dence	
(Address)	Lakervieu		e of Burlying gro	
Flied Oct 12, 1914	- Of 4 louse	/ /	eph Phillip	S Lakesville

[Approved by U. S. Census and American Public Health Association.]

precise specification as Day lubarer, Farm laborer, Labarer wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Hausemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be only when needed. As examples: (a) Spinner, (b) Cotton mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physiespecially in industrial employments, it is necessary to engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Coal minc, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever various pursuits can be known. The question Stationary fireman, etc. But in many cases, The material worked on may form part Women at home, who are engaged in Locomolive engineer, Civil If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhaid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia of lungs, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and eonsequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, Struck by railway train-accident; Revolver wound SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; head-hamicide; Poisoned by state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness, "Heart failure," "Hemorrhage," "Inanition," "Marasgenital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial "Anaemia" Example: Measles (disease causing death), 29 ds.; Bronnephrilis, etc. "Tumor" for malignant neoplasms); Measles; Whooping nia" (merely symptomatic), "Atrophy," "Col-"Coma," "Convulsions," "Debility" ("Con-The contributory (secondary or intereur-"Puerperal schichaemia," "Dropsy," "Exhaustion," carbolic acid-probably State cause for which Never report mere



.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD PLAINLY, WITH UNFADING INK-THIS IS WRITE N.B.

BINDING

FOR

RESERVED

MARGIN

V. S. No. 1.

	PLACE OF DEATH 17565	STATE OF MAR	
County		Registration Dist	111
Village (or City Cambrage Mod	St.; Ward)	[if death occurred in a hospital or institution, give its NAME instead of street and number.]
	2 FULL NAME Carried	enable	or street and number.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE O	F DEATH
me	4 COLOR OR RACE SINGLE, MARRIED, MODULED OR DIVORCED (Write the word)	16 DATE OF DEATH Oct. (Month)	(Day) , 1915 (Year)
6 DATE	OF BIRTH Ally 1888	Oct. 6 ,191 J, to 0	ended deceased from
7 AGE	(Monyby (Day) (Year) If LESS than 1 day, hrs.	and that death occurred on the date sta	ated above, at 4 Am
	yrs. mos. ds. or min.?	The CAUSE OF DEATH * was as follow	'S:
(a) Tr	JPATION rade, profession, or Placksmith eneral nature of ladustry	Oresende Demes	-lia-
which e	SS, or establishment in employed (or employer)	Contributory Costerio Sclergein	_ Olevlesher
(15)	Delaware	Secondary (Durstlen)	yrs. mos. de
	NAME OF HENRY Venable	(Signed) 2-2- Wolf Oct. // 1910 - (Address) & - E	7 Noetz, M. O
Z _	BIRTHPLACE OF FATHER (State or country) Delacrace	*State the Dihease Causing Death, or, Causes, state (1) Means of Injuay; and (1) Suicidal or Homicidal.	in deaths from VIOLENT 2) whether ACCIDENTAL,
PA _	of Mother China Ne am	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)	
13	BIRTHPLACE DF MOTHER (State or country) Pelaware	At place In the st deethyre	yrsmesde
	formant) Mus Variel Mach	If not at place of death ?	>
	(Address) Cambrian Ma	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Filed	Oct 11, 1915 - Eswolf-	20 UNDERTAKER Harfer	Cambrielys
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Batto., Requesting V. S. No. 1.	Tha





[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers write None. Housemaid, etc. If the occupation has been changed employed, as At school or At home. Care should be precise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part mill; (a) Salesman, (b) Groccry; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, taken to report specifically the occupations of persons "Foreman," "Manager," "Dealer," etc., without more business or industry, and therefore an additional line first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Never return (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Pronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

and consequences (c. g., sepsis, telanus) may be stated on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopmeumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephratis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping to determine definitely. or miscarriage as "Puerperal septichuemia," by railway train-accident; Revolver wound of The contributory (secondary or intercur-Examples: Aecidental drowning; State cause for which Never report mere "Exhaustion,"



S. No. 1.

Z.B.

PHYSICIANS should state of CCCUPATION is very RECORD Exact statement PERMANENT should be stated EXACTLY. properly classified. UNFADING INK-THIS IS AGE carefully supplied. so that it may be See instructions on back of certificate. PLAINLY, WITH Item of Information should be DEATH in plain terms, CAUSE OF Important.

1 PLACE OF DEATH

17566



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

-Ward)

[If death occurred is a hospital or institution, give its NAME instead of street and nomber.]

2FULL NAME

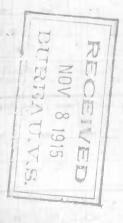
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 SEX 4 COLOR OR RAGE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word), Mey	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from		
DATE OF BIRTH SCI- (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from 191 to 191 that I last saw h & attreon Drud Cof I 191		
7 AGE If LESS than 1 day,hrs. OR min. ?	and that death occurred on the date stated above, at 9.50 Å, m. The CAUSE OF DEATH* was as follows:		
OCCUPATION (a) Trade, profession, or particular kind of work	Dlad in Wero		
(b) General nature of iodustry, business, or establishment in which amployed (or employar)	(Duration) yrs mos. ds.		
State or country) Caulnoge will	Secondary (Duration) yrs mos ds.		
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) ML .	(Signed) Kursliett M. D. 10/5 , 1915 (Address) Cambridge he		
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Della Wales	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients.		
13 BIRTHPLACE OF MOTHER (State or country)	At place is the of death yrs, mos ds. State yrs, mos ds		
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Wales	Where was disease contracted, if not at place of death? Former or usoal residence		
(Address) Cambridge Mil.	19 PLACE OF BURIAL OR REMOVAL NO DATE OF BURIAL COUNTY MUSICAL CENTRE OF BURIAL 20 UNDERTAKER ADDRESS		
REGISTRAN	Zemis H Barneyan Canbender		
If more blanks are needed, address State Regis	strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.		

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Tuerperal septiehacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) "Contributory." by carbolic acid—probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," For vio-



back

Instructions

mportant.

15

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 110

St.:...Ward)

Ilf death occurred in a hospital or institution. give its NAME instead ot street and number.]

(Year)

PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED. WIDOWED, (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH 19" (Month) (Day (Year) TAGE If LESS than 1 day hrs. The CAUSE OF DEATH* was as follows: OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE Contributory (State or country)

10 NAME OF FATHER 11 BIRTHPLACE PARENT OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

OF MY KNOWLEDGE

REGISTRAS

20 UNDERTAKER

TAL, SUICIDAL, OF HOMICIDAL.

of death yrs. mos. ds.

19 PLACE OF BURIAL OR REMOVAL

OR RECENT RESIDENTS)

Where was disease contracted,

If not at place of death?

DATE OF BURIAL

State yrs. _

(Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,

ADDRESS

If more blanks are needed, address State Registrand E. Franklin St., Dalto., Requesting V. S. No. 1.

At place

Former or

usual residence.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits, can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indiespecially in industrial employments, it is nec-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquallfied, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

cause. Always qualify all diseases resulting from valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Coutributory." scosis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify us which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacctc., when a definite discase can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-The contributory (secondary or intercurrent) Measles (disease causing death), 29 ds.; (Recommendations on statement of State cause for Never report



WRITE PLAINLY, WITH UNFADING INK-THIS IS

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state. PEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.

AGE should be

RECORD

PERMANENT

CAUSE OF Important.

N.B.

PLACE OF DEATH Dorchester

17568



STATE OF MARYLAND CERTIFICATE OF DEATH

brapoma

-		Registration Dist, No.//9		
VII	1286 or City Bishofi Wad (No., -	St.;_	Ward)	[It death occurred in a hospital or lostitution, give its NAME instead of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CER	TIFICATE OF	DEATH
3 si	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED, ORDIVORCED (Write the word)	TA 2	Month)	/7 ,1915 (Day (Year)
6 D	MATE OF BIRTH Aug 19, 19/5 (Month) (Day (Year)	that I last saw harman slive on	to 100	1915
TA	If LESS than 1 day,hrs.	snd that death occurred on the The CAUSE OF DEATH* was	ss tollows:	bove, at 4 m
S (a)	CCUPATION) Trade, profession, or rticular kind of work	Jurasin		
bus	General nature of industry, iness, or establishment in ch employed (or employer) RTHPLACE (State or country) RTHPLACE	Contributory Bad y	(Duration)	yrs. / mos. /3 ds.
ARENTS	10 NAME OF FATHER Richard Mingate. 11 BIRTHPLACE OF FATHER (State or country) Dorsherter be hid 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) Address *State the Disease Causin Causes, state (1) Means of Tal, Suicidal, or Homicidal.	G DEATH, OT,	In deaths from VIOLENT (2) whether ACCIDEN-
Δ.	13 BIRTHPLACE OF MOTHER (State or country) Southerty les THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	15 LENGTH OF RESIDENCE (FOOR RECENT RESIDENTS) At place of death yrs mos Where was disease contracted,	in the	NSTITUTIONS, TRANSIENTS,
1	(Informant) Da Ningster (Address) Bishafo Nead, hid	if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REM	OVAL	DATE OF BURIAL
16 Fil	es bil 19 1915 www whitehett	wingales 20 UNDERTAKER	.0	25 ,1915 ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, 6 E Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second who receive a definite salary), may be entered as statement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salcsman, Farmer or Planter, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcinglia.

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Tuerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," gcnital," "Scnile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.). "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of State cause for For VIO-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD of information should be carefully and the control of the control V. S. No. 1.

MARGIN RESERVED FOR BINDING

	1 PLACE OF DEATH	STATE OF MARYLAND
Coun	my Sorchester 17569 (M	CERTIFICATE OF DEATH
Villa	ge or City Cambridge (No. 306,)	Registration Dist. No. St.; Ward) St.; Ward) [If death occurre a hospitat or institut give its NAME institut give its NAME institut give its name in the contract of street and number
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE 5 SINGLE, MARRIED, WIOOWED OR OVORCEO (Write the word)	(Month) (Day) (Y
6 OA	TE OF BIRTH Sept. 29, 1866. (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased for the Coch 8 th 1915, to Coch 15 ,19 that I last saw h malive on Coch 15 ,19
7 AG	E If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at 121. The CAUSE OF DEATH * was as follows:
	Of the state of th	
What wh	General nature of lodustry siness, or establishment in ich employed (or employer) RTHPLACE (State or country)	Contributory Chronic valvalar Secondary
S H	Of general nature of lodustry siness, or establishment in ich employed (or employer) IRTHPLACE (State or country) IO NAME OF FATHER II BIRTHPLACE OF FATHER (State or country)	Contributory Chronic valvalar Secondary heart lesion (Buration) yrs. mos. (Signed) 6. Thomas Oct / 6 191.5 (Address 3) 17 Of sh 31 Cambers
PARENTS Approved the second of	General nature of lodustry siness, or establishment in ich employed (or employer) RTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 MAIDEN NAME OF MOTHER (State or country)	Contributory Character valuels Secondary Learn lesson (Buration). (Signed) Oct / G , 191. 5. (Address) 2/7 Dr. sh St Camber *State the DIBEASE CAUSING DEATH, or, in deaths from VIOLEN CAUSES, State (1) MEANS OF INJURY; and (2) whether Accidental Succident of Homocoal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSI OR RECENT RESIDENTS) At place to the state, with the state,
SE S	General nature of lodustry siness, or establishment in ich employed (or employer) IRTHPLACE (State or country) IO NAME OF FATHER OF FATHER (State or country) II BIRTHPLACE OF FATHER (State or country) IZ MAIDEN NAME OF MOTHER IB BIRTHPLACE OF MOTHER IS BIRTHPLACE OF MOTHER OF MOTHER OF MOTHER IS BIRTHPLACE	Contributory Chronic valvalar Secondary Learn lesion (Burallen) yrs. mes. (Signed) C. Thomas State the Dibease Causing Death, or, in deaths from Violen Causes, state (1) Means of Injury; and (2) whether Accidental Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSFOR RECENT RESIDENTS) At place in the
SE S	General nature of lodustry siness, or establishment in ich employed (or employer) IRTHPLACE (State or country) 10 NAME OF FATHER OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Contributory Chrone valuelar Secondary Learn lesion (Buration). (Signed) Oct / G , 181. 5. (Address) 2/7 Dr. in deaths from Violen Causes, state (1) Means of Injury; and (2) whether Accidental Suicioal or Homicioal. 18 Length of Residence (for Hospitals, Institutions, Transior Recent Residents) At place to the the State,

[Approved by U. S. Census and American Public Health Association.]

6 yrs.). For persons who have no occupation whatever, write None. business, that fact may be indicated thus: Farmer (retired state oecupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. "Foreman," "Manager," "Dealer," etc., of the second statement. Never return "Laborer," mill; (a) Salesman, (b) Crocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stotionory fireman, etc. cion, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful--Cool mine, etc. Statement of Occupation-Precise statement of occupavarious pursuits can be known. The question The material worked on may form part Women at home, who are engaged in At home. Care should be But in many cases, If retired from without more (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobor pneumonia. Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenelature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated head—homicide; Poisoned by carbolic acid—probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train-accident; Revolver state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal scptichaemia," "Puerperal peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Anaomia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations Never report mere nound



V. S. No. 1.

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very PERMANENT stated EXACTLY. be properly classified. UNFADING INK-THIS IS AGE WRITE PLAINLY, WITH DEATH in plain See Instructions of information N. B.-Every item CAUSE OF Important.

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 1/6

...Ward)

[it death occurred in a hospital or institution, give Its NAME Instead ot street and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
357	Color or race Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day (Year)
8 D	(Month) (Day (Year)	that I last saw h alive on III.
7 A	GE it LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at \$.45° P m. The CAUSE OF DEATH* was as follows:
(a) pa (b) bus	CCUPATION) Trade, protession, or riticular kind of work	(Duration) yrs. mos. 3 ds.
	IRTHPLACE (State or country) by Co. wd.	Gontributory Secondary
10 NAME OF FATHER HOWN HOWN THE STATE OF FATHER (State or country) 12 MAIDEN NAME OF FATHER (State or country)		(Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (M. D. (Address) (Address)
PA	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds.
4 7	(Interment) Hound young.	Where was disease contracted, It not at place of death? Former or usual residence
16 Fil	ed Oct 19, 1815 ESWorts RECISTRAR	DATE OF BURIAL OR REMOVAL OLL 20, 1915 20 UNDERTAKER Howard Willoughby E hew kurket keep
	If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write None. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcopers fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutsis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) tctanus) may be stated under the head of "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

NOV, 8 1975